

EXPERIENCING THE IMPACT OF CHILD SEXUAL ABUSE
WITHIN INTIMATE PARTNER
RELATIONSHIPS

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In Partial Fulfilment of the Requirements
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ABSTRACT

The purpose of this study was to illuminate the experienced impact of childhood sexual abuse (CSA) within the context of intimate relationships. Few studies have examined the lived experience of CSA within the context of a relationship from the perspective both partners. Further, previous research in the area of CSA has primarily focused on the trauma experienced by the survivor, thus excluding the impact of CSA on the couple relationship. Examining the impact of CSA on intimate relationships is important as those individuals in close relationship with the survivor will often also experience the impact of the long-term sequelae associated with CSA.

Interpretative phenomenological analysis (IPA) was used to explore the lived experiences of individuals who have experienced CSA and their partners. Data generated during two joint interviews with three participant couples were transcribed and analysed using an interpretative phenomenological analysis approach. An over-arching theme of *hope and healing: past yet present, healed yet healing* emerged from the data; this theme was impacted by the additional themes identified throughout the analysis process. The additional three themes were: *living with the unknown, (barely) surviving*, and *commitment*. Given the limited research on the impact of CSA on intimate partnerships and the focus of existing studies on the more negative aspects of the impact CSA has on relationships, the theme of *hope and healing: past yet present, healed yet healing* provides a valuable contribution to the literature. These themes are discussed along with implications for counselling practices and future research.

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As this journey comes to a close, it is evident to me that I have not walked it alone. There are many people for whom I am truly grateful who have made this process a little easier and much more enjoyable. It has been a long, difficult, and unpredictable journey. However, it has also been rich and fulfilling.

I am so thankful for the participants who generously gave their time and personal stories to this project. The interviews were incredibly full of emotion. The participant couples expressed tears, frustration, anger, laughter, hope, shame, and embarrassment during the intimate sharing of their lives together. They were amazing conversations; both utterly heartbreaking and incredibly inspiring. In contemplating the courage, hard work, and hope these couples have invested in their relationships and their apparent levels of commitment, I was moved to tears several times both during the interviews and throughout the analysis and writing process. I have great admiration for these couples. Despite all they have undergone, they chose to meet me in a little office and share not only their pain and their hardships, but also their joy. All of them spoke of hope that their story might be of use to others; thus, expressing a desire that their struggle would not be in vain.

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CHAPTER ONE

INTRODUCTION

“When one thinks about how a traumatic event impacts an individual and then begins to piece together the number of people with whom that one individual has personal contact (e.g., family and friends), the realization that a single event does not have a single victim becomes clear. The repercussions from trauma are infinite”

~ Nelson & Wampler, 2002, p. 103 ~

Many intimate partner relationships end in separation or divorce. A Statistics Canada (2005) study showed that one third of marriages will end prior to reaching their 30th wedding anniversary. There are many variables that can cause relationships to end such as: infidelity, finances, abuse, addictions, a difference in life goals and or cultural values, and mental health issues (Vanier Institute of the Family, 2010). Relationships can be hard work without the complications that arise due to previous traumatic life experiences. Among the many causes of interpersonal difficulties is the long-term impact that childhood sexual abuse (CSA) can have on those who have experienced the abuse (Briere, 1992; Webster, 2001; Willows, 2008). Furthermore, CSA can have lasting impacts on the intimate partner relationships of the abuse survivor (Godbout, Sabourin, & Lussier, 2009).

CSA has received increasing levels of attention over the past 30 years (Briere & Elliott, 2003; Webster, 2001; Willows, 2008). The World Health Organization reports that one in every three children is a victim of CSA (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). The long-term impact of sexual abuse, as well as its accompanying after-effects, have been found to be emotionally and interpersonally damaging (Briere, 1992; Webster, 2001; Willows, 2008) for the majority of individuals who have experienced sexual abuse as children (Esman, 1994). After-effects associated with CSA have been found to impact an individual cognitively and neurobiologically as well as emotionally and behaviourally (Sanderson, 2006). Not everyone who has a history of CSA will experience the impact of the abuse in the same manner; it is dependent upon a number of factors. Similarly, the impact of the sexual abuse may not be immediate. The sequelae may emerge over a period of time or as a result of significant life events (Webster, 2001) such as marriage, cohabitation, pregnancy, giving birth or having a child the same age as when one's abuse occurred (Cole & Putnam, 1992; Sanderson, 2006).

Despite the increased level of research attention CSA has garnered, little emphasis has been placed on its impact on intimate relationships, particularly from the perspective of both partners (Friesen, Woodward, Horwood, & Fergusson, 2010; Houg, 2008; Reid, Wampler, & Taylor, 1996). Examining the impact of CSA on intimate relationships from the perspective of both partners is important as the sequelae are not always individually experienced. Frequently, those in close relationship with individuals who have experienced CSA will also experience the impact of the sexual abuse (Briere & Elliott, 2003; Brown & Finkelhor, 1986; Elam & Kleist, 1988). Research indicates that when one partner is a CSA survivor, couple relationships experience communication and intimacy difficulties, as well as trust and control issues (Briere, 1992; Bass & Davis, 2002; Briere & Elliott, 2003; DiLillo & Long, 1999; DiLillo, 2001). Further, lower levels of relationship satisfaction, poorer levels of communication, and lower levels of trust have also been found among survivors of CSA (DiLillo & Long, 1999).

Previous research has primarily focused on the trauma experienced by those who have a history of CSA (Davis & Petric-Jackson, 2000; DiLillo & Long, 1999; DiLillo & Long, 2001; Friesen, Woodward, Horwood, & Fergusson, 2010; MacIntosh & Johnson, 2008). Research examining the impact of CSA on interpersonal functioning has primarily focussed on the perspective of those who have experienced CSA. More recently, research is beginning to explore the experiences of the partners of individuals who have experienced sexual abuse (Bacon & Lein, 1996). According to Rumstein-McKean and Hunsley (2001) there are several assumptions that have received support in the literature with regards to the interpersonal functioning of women who experienced sexual abuse as children. The assumptions outline the relational difficulties, the negative impacts on the partners, the increased reports of separation and divorce, as well as the sexual dysfunction experienced by survivors of CSA and their partners.

Given the reported and assumed potential impact that CSA can have on intimate partner relationships, the need to understand the experienced impact (DiLillo, 2001) from the perspective of both partners has been noted in the literature (DiLillo & Long, 1999). A qualitative approach was deemed appropriate to best facilitate an understanding of the experienced impact of CSA on intimate relationships. Interpretative phenomenological analysis (IPA) postulates that in order to understand an experience, it is necessary to understand how those who have a history with the experience have perceived and interpreted it (Bramley & Eatough, 2005). It acknowledges the interaction of the researcher and the researched in arriving at an interpretation of the experience.

IPA was chosen as a methodology because of its emphasis on allowing the participants' understanding and perception of their individual experiences to be heard.

Researcher Interest

My previous experience and role with survivors of child sexual abuse (CSA) has been as a counselling student/intern and friend. While I have not experienced CSA personally, my interest in survivors and their families stems from witnessing the impact of CSA on friends and their families. Due to my previous experiences with CSA, I have developed several assumptions and biases regarding the experienced impact. The quote used to open chapter one (Nelson & Wampler, 2002) moved me deeply and resonated with my experience of witnessing the impact of CSA on friends and their families. It is my opinion that the impact of CSA is long-lasting and can be severe, with damaging effects for not only survivors, but also those around them. I am aware that not all survivors experience such negative long-term effects. As a result, I strove to maintain awareness of my biases throughout the research process in order to minimize the influence that I may have had on the participants or the data generated throughout the research process.

The impact on the families that I have witnessed has served as an impetus for wanting to examine the effects of CSA on both partners in intimate relationships. Witnessing the impact on families as a result of previous CSA trauma has caused me to question the experienced impact of sexual abuse on intimate relationships and whether or not other couples in similar situations experience similar impacts. Interpretative phenomenological analysis (IPA) was the method that guided the research process as I sought to answer the following question: what is the experienced impact of childhood sexual abuse on intimate partner relationships?

Statement of Purpose

Research has noted a lack of exploration of survivors' intimate relationships from the perspective of both members of the dyad (DiLillo & Long, 1999; Houg, 2008; Wiersma, 2003), as a result, the purpose of this study was to illuminate the experienced impact of CSA within the context of a relationship from the perspectives of both survivors and their partners.

I hope that the findings of this study will encourage those working with couples who have experienced the impact of CSA to acknowledge hope as a component of the healing journey. I also hope that the findings of this study will inspire future research in this area.

Overview of the Thesis

The literature relevant to CSA and its impact on interpersonal functioning will be discussed in Chapter two. The chapter reviews some background information before providing a working definition of the term sexual abuse. Next is a discussion of the following: the prevalence of CSA, long-term sequelae associated with CSA, its impact on development, interpersonal functioning, and intimate partner relationships. Five assumptions regarding the impact of CSA on survivors' relationships are examined. Lastly, chapter two will close with a critical discussion of the current state of the literature regarding the impact of sexual abuse.

Chapter three outlines the rationale for my decision to work within the qualitative paradigm. It also discusses the method employed, interpretative phenomenological analysis (IPA), as well as the following: my role as a researcher, participant recruitment, as well as data analysis and data representation. Also discussed in chapter three are the intricacies involved in negotiating a balanced interview with couples. Lastly, the chapter examines the methods I used to ensure the quality and credibility of my study as well as the ethical considerations that were made throughout the course of my research.

Chapter four presents the results of the data analysis with an emphasis on the themes derived from the data: *hope and healing; past yet present, healed yet healing, living with the unknown, (barely) surviving, and commitment*. Chapter five discusses the results and situates the findings within the current body of literature. Also provided in this chapter is a discussion of the strengths and limitations of the study. Lastly, the findings are discussed with regards to their implications for counselling practices and future research.

Definition of Terms

Child: Consistent with previous studies, child will be defined as an individual below the age of sixteen (Godbout, Sabourin, & Lussier, 2009; Peleikis, Mykletun, & Dahl, 2005; Whisman, 2006).

Child Sexual Abuse (CSA): “The involvement children and adolescents in sexual activities with an adult or any person older or bigger...in which the child is used as a sexual object for the gratification” (Sanderson, 2006, p. 25) of an older individual.

Clinical Samples: Research participants currently receiving mental health treatment (Rumstein-McKean & Hunsley, 2001).

Community Samples: Research participants who are not currently receiving mental health treatment (Rumstein-McKean & Hunsley, 2001).

Dyad: Refers to a group of two; for the purpose of this study a dyad implies a couple involved in an intimate relationship (World Reference Online Dictionary, 2010)

Emic: Used to describe the emphasis qualitative research places on themes or categories that “emerge from the ‘insider’ or emic perspective of the participants” (Morrow, 2007, p. 215) rather than imposed by the researcher at the onset of a study.

Intimate Partner: For the purpose of this study, intimate partner refers to committed relationships between two people and/or married couples.

Sequelae: Refers to either the “after-effect of a disease, condition, or injury” or “a secondary result” (Merriam-Webster Online Dictionary, 2010). With regards to CSA, the term is used in the literature to refer to the after-effects of the sexual abuse.

Polyamory: engaging in multiple romantic or sexual relationships at the same time (World Reference Online Dictionary).

Primary Survivor: An individual who has lived through the experience of child sexual abuse (Brack, Brack & Infante, 1995).

Secondary Survivor: An individual who has been impacted by the sequelae of a primary survivor. For the purposes of this study, the term shall be used to refer to the partner of a primary survivor (DiLillo, 2001; Remer & Elliott, 1988; Wiersma, 2003).

CHAPTER TWO

LITERATURE REVIEW

In discussing research design using interpretative phenomenological analysis (IPA), Smith, Flowers, and Larkin (2009) suggest that the goal of a literature review should be to expand one's knowledge. They also suggest that the primary concern of a study using IPA should be with lived experiences and as such the participants' stories should be examined without predefined categories, concepts, or theories (Langdrige, 2007; Smith, Flowers, & Larkin, 2009). Lastly, the authors state that a literature review should "identify a gap which your research question can then address" (Smith, Flowers, & Larkin, 2009, p. 42). Therefore, the following chapter will provide a discussion of the current state of the literature with regards to sexual abuse.

I will examine how the literature defines child sexual abuse and discuss the prevalence of CSA, the impact of CSA on childhood development, interpersonal functioning, and intimate relationships. After, a critical discussion of the literature is presented. The chapter will close by identifying a gap in the literature with regards to the experienced impact of sexual abuse on intimate relationship, followed by what this current research contributes to the extant literature.

Background Information

Defining CSA

As no universal definition of CSA exists, what is understood to constitute sexual abuse varies across cultures and researchers (Sanderson, 2006; Webster, 2001). Some definitions require that the abuse be perpetrated before a certain age (Brown & Finkelhor, 1986a; Browne & Finkelhor, 1986b; Webster, 2001) and others differ in how they determine what qualifies as abuse (Draucker & Martsof, 2006; Sanderson, 2006; Webster 2001). Many definitions include aspects of the following, abuse by family members and by non-family members (Draucker & Martsof, 2006), sexual activities including both contact and no contact, as well as emphasizing the exploitation of a child by an authority figure (Draucker & Martsof, 2006). According to Cohen (2000), the following are six key characteristics of CSA: (i) CSA survivors are found in all demographic groups; (ii) school-aged children are typically the victims; (iii) the severity of the abuse increases over time; (iv) the abuse normally occurs over a period of time rather than as an isolated incident; (v) generally, the abuse ends as a result of circumstances outside of the perpetrator's control; and (vi) a component of the abuse is its secrecy (Nkongho, 2006). For the

purposes of this study, the following working definition offered by Sanderson (2006) will be used:

CSA is the involvement of dependent children and adolescents in sexual activities with an adult or any person older or bigger, where there is a difference in age, size or power, in which the child is used as a sexual object for the gratification of the older person's needs, or desires to which the child is unable to give informed consent due to the imbalance of power or any mental or physical disability (p. 25).

One of the many challenges in arriving at a definition of CSA is defining the word 'sexual' (Sanderson, 2006). The meaning of the term 'sexual' varies across cultures and individuals (Sanderson, 2006). How one defines 'sexual' in many ways determines the reported prevalence rates of CSA and is therefore an integral component of determining a definition of CSA. For example, should 'sexual' be operationally defined as sexual intercourse, it would limit the number of reported cases of CSA. However, if one expands the definition to include inappropriate touch such as fondling or "showing or using a child in the production of pornography" (Sanderson, 2006, p. 25) the probability of higher prevalence rates increases (Sanderson, 2006).

Prevalence

As a majority of CSA goes underreported (Badgley, 1984; Conte, 1985; Draucker & Martsof, 2006; Finkelhor, 1986), researchers believe that CSA occurs more frequently than initially thought (Draucker & Martsof, 2006). Vast differences exist among the prevalence rates with women consistently reporting higher rates of CSA than men (Finkelhor, 1994). The reported prevalence rates range from 7 per cent to 36 percent for women and from 3 percent to 29 percent for men (Finkelhor, 1994). According to the World Health Organization, approximately one in every three children is a victim of CSA (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). This variation in the reported prevalence rates could be attributed to the differences in the way in which CSA is operationally defined (Draucker & Martsof, 2006; Hunter, 2006). Many of the available data regarding prevalence rates for CSA are from the 1980s and 1990s (LoVerso, 2008); however, findings in a more recent study by Casey and Nuruius (2006) suggest that there have been no significant changes in lifetime prevalence rates.

Sequelae Associated with CSA

Long-term implications resulting from sexual abuse have been historically minimized (Draucker & Martsolf, 2006). However, it has been reported in the literature that children who are victims of sexual abuse are likely to suffer significant and long-term psychological distress and dysfunction (Briere, 1992). In examining prevalence rates in 19 countries Finkelhor (1994) found that all studies looking at long-term implications of CSA reported a relationship between histories of CSA and mental health issues later in life. The experience of CSA is not homogenous; rather, how one experiences the trauma of CSA and its subsequent sequelae differs for each individual. The impact of early maltreatment is dependent upon a number of variables such as the age of the child at the onset of the abuse, duration and frequency of the abuse, the type of sexual abuse perpetrated, whether or not physical force and/or violence accompanied the abuse, and the relationship between the child and the abuser (Sanderson, 2006; Johnson, 1989). It is also dependent upon variables such as “temperament, other bio-psychological factors, family environment, security of parent-child attachment, and previous history of support or abuse” (Briere, 2002, p. 1; Sanderson, 2006; Webster, 2001). Further, the long-term impact of the abuse is also dependent upon the level of psychopathology existing in the family prior to the abuse (Webster, 2001). It has been hypothesized that denial and or emotional shock may result in “sleeper effects for some victims” (Webster, 2001, p. 537). In these situations, the child may show no immediate reaction to the abuse; however, over time “more serious emotional and/or behavioural problems of unclear etiology” (Webster, 2001, p. 537) may emerge. The sequelae may emerge over time or as a result of “life events or developmental milestones” (Sanderson, 2006, p. 64).

Sequelae associated with CSA impact the whole person and those with whom they relate and can be sub-divided into the following categories: cognitive and neurobiological, emotional, and behavioural domains of an individual’s functioning (Sanderson, 2006). While children may experience sequelae as a result of CSA, the following discusses sequelae or after-effects associated with CSA that are experienced by adults who have experienced sexual abuse as children.

Cognitive and neurobiological. Along with other forms of trauma occurring during childhood, CSA has been shown to impact brain development and function (Teicher, 2002). It appears that such abuse can induce a “cascade of molecular and neurobiological effects”

(Teicher, 2002, para. 4) and can cause irreversible changes to one's neural development. These effects can result in, among others, a disorganization in the manner in which information, such as "feelings, thoughts and experiences" (Sanderson, 2006, p. 59) are processed (Teicher, 2002). Trauma such as CSA commonly impacts the "formation, consolidation, storage and retrieval of memories, especially autobiographical memory, which can lead to amnesia" (Sanderson, 2006, p. 59). The following are among the sequelae that fall under the category of cognitive and neurobiological domain: flashbacks (Johnson & Williams-Keeler, 1998), sleep disturbances, dissociation (Davis & Petretic-Jackson, 2000; Nelson & Wampler, 2002; Neumann, Houskamp, Pollock, & Briere, 1996) and distortions in the way in which one perceives the self, others around them, and the world (Sanderson, 2006). According to Briere (1989) the most common cognitive distortions are viewing oneself in a negative light, the perception of being helpless and hopeless, as well as an inability to trust other people. These changes in cognitions can impact one's emotions.

Emotional. A phrase used commonly in the literature to describe the impact of CSA on one's perception of self is the 'shattered sense of self' or 'lack of self' (Cole & Putnam, 1992; Houg, 2008; Johnson, 2005; Sanderson, 2006). This notion of a shattered sense of self can lead to loss of self-efficacy, feelings of worthlessness, low self-esteem (Briere, 1989; Cole & Putnam, 1992; Houg, 2008), and the expectation that one does not "deserve anything good" (Sanderson, 2006, p. 55). Survivors of CSA may lose the ability to regulate affect which can lead to a range of intensity in emotion from no feeling (e.g., numbness) to intense anger and rage (Sanderson, 2006). Survivors of CSA can experience an extreme sense of shame and guilt (Davis & Petretic-Jackson, 2000; Johnson & Williams-Keeler, 1998; Neumann, Houskamp, Pollock, & Briere, 1996; Sanderson, 2006; Webster, 2001; Willows, 2008). These feelings of shame and guilt may impact their capacity to develop and to maintain interpersonal relationships (Webster, 2001). Feelings of fear and sadness as well as depression are also noted effects of CSA (Davis & Petretic-Jackson, 2000; Johnson & Williams-Keeler, 1998; Neumann et al., 1996; Sanderson, 2006; Willows, 2008). Research has indicated that female survivors of CSA are at an increased risk for developing major depression (Kendler, Khun, & Prescott, 2004; Whiffen, Thompson, & Aube, 2000).

Behavioural. The behavioural sequelae of CSA tend to be manifestations of the wide range of emotions experienced by survivors. The sequelae falling under the behavioural domain

tend to be destructive to the self and include, but are not limited to the following: disordered eating (Davis & Petretic-Jackson, 2000; Nelson & Wampler, 2002; Neumann et al., 1996; Willows, 2008), suicidal ideation, attempted suicide, self-mutilation, and obsessive-compulsive behaviours (Briere, 1992; Willows, 2008). Aggression is commonly associated with CSA and when turned towards the self, can result in the previously aforementioned self-harming behaviours. However, aggression can also manifest in violence towards others (Briere, 1992; Sanderson, 2006).

Psychiatric disorders. Literature has found several “high-risk psychiatric disorders” (Sanderson, 2006, p. 63) to be commonly experienced among adult survivors of CSA (Cole & Putnam, 1992; Polusny & Follette, 1995). Recently, clinicians have begun to apply the diagnosis of PTSD to “victims of interpersonal violence, such as torture, rape, physical assault, and child abuse” (Briere, 1992, p. 20). In a meta-analysis of the sequelae associated with CSA, Neuman, Housekamp, Polluck, and Briere (1996) found a strong relationship among the sequelae associated with CSA and symptoms typically associated with PTSD. Other psychiatric disorders associated with a history of CSA are obsessive-compulsive disorder, substance abuse, personality disorders, and dissociative disorders (Bratton, 1999; Levenkron & Levenkron, 2007; Willows, 2008). It has been shown that a significant number of individuals who struggle with eating disorders report having experienced sexual abuse during childhood. A study by Carter, Bewell, Blackmore, and Woodside (2006) examined, among other things, the impact of CSA on the characteristics of individuals with anorexia nervosa. The participants were patients in an eating disorder unit and upon admission to the hospital the following was assessed: eating disorder symptoms, general psychopathology, and history of CSA. Of the 77 participants in the study, 48 per cent reported a history of CSA. In addition, when compared to inpatients who did not report a history of CSA, those patients who did were found to have significantly higher levels of “psychiatric co-morbidity, including higher levels of depression and anxiety, lower self-esteem, more interpersonal problems, and more severe obsessive-compulsive symptoms” (Carter et al., 2006, p. 264).

Impact of CSA on Child Development

The process of forming accurate assumptions of self, others, and the world is typically achieved during childhood, and as a result of the abuse, is interrupted (Briere, 1992; Cole & Putnam, 1992). It is also during childhood when one acquires coping and relational skills. These

processes of development of the self, social skills, and understanding of others are interconnected (Cole & Putnam, 1992). When newly established understandings of others are violated by sexual abuse, other domains of development, such as the self and interactions with others are impacted. It is particularly detrimental when the abuse is perpetrated by someone who is emotionally connected and close to the child, such as a family member: “sexual abuse... violates the child’s basic beliefs about safety and trust in relationships, disturbing both the sense of self and the ability to have satisfying relationships in which one feels loved and protected” (Cole and Putnam, 1992, p. 175). Disruption during these developmental stages can lead to atypical and dysfunctional psychological and social maturational development resulting in the sequelae previously discussed (Briere, 1992). In addition, the impact of CSA is not a onetime occurrence, but one that continues to influence the survivor throughout one’s life. According to Cole and Putnam (1992), with each new developmental stage, the child is able to process the experience in a new way. Achieving specific milestones in life such as establishing intimate relationships, marriage, and/or childbirth can serve as constant reminders of one’s abusive experiences as a child and can be stressful for survivors (Cole & Putnam, 1992; Herman, 1992).

Intimate Partner Relationships

In dyadic relationships more than one individual’s subjective experience exists and as such it is difficult for one member of a partnership to remain unscathed and uninfluenced by the other (Levinger & Snoek, 1972). Levinger and Snoek (1972) suggest that “each partner’s actions and attitudes are markedly influenced by the other’s actions, views, and experiences in the relationship” (Levinger & Snoek, 1972, p. 5), thus, leading to interdependence (Levinger & Snoek, 1972). It is not only present experiences that impact each member of the dyad as postulated by Levinger and Snoek (1972) but also past experiences. What has occurred in the past often remains in both the present and the future and manifests itself in the previously discussed sequelae including memories, flashbacks, and interpersonal difficulties, etc. (Draucker & Martsof, 2006; Johnson & Williams-Keeler, 1998). The sequelae hold the potential to infiltrate and impact current experiences for both survivor and the partner.

CSA and Intimate Partner Relationships

It has been suggested that CSA may cause serious impairment regarding the “development and maintenance of intimate relationships” (Rumstein-McKean & Hunsley, 2001), p. 472; Whiffen, Thompson & Aube, 2000; Yuan, 2006). Research indicates couples in which

one partner has experienced CSA may experience difficulties in the areas of communication, intimacy, trust, and control (Briere, 1992; Bass & Davis, 2002; Briere & Elliott, 2003; DiLillo & Long, 1999; DiLillo, 2001). Typical activities that tend to strengthen and calm relationships, “such as confiding and lovemaking” can be experienced as re-traumatization and therefore situations that lead to vulnerability are often avoided (Johnson & Williams-Keeler, 1998; Maltas, 1996). Survivors have experienced pain and betrayal in the context of an intimate relationships (Finkelhor & Browne, 1985), yet, in spite of the fears, pain, and anger they still engage in emotionally and physically intimate relationships (MacIntosh & Johnson, 2008; Maltas & Shay, 1995). Research has indicated that strong interpersonal relationships have the ability to moderate the long-term pervasive effects of CSA (MacIntosh & Johnson, 2008; Whiffen, Judd, & Aube, 1999). For example, Whiffen, et al., (1999) found that relationships served as protective factors from depression when survivors perceived their relationships “to be of high quality” (p. 940).

Rumstein-McKean and Hunsley (2001) examined empirical research addressing the relationship between CSA and the interpersonal functioning of women who had experienced sexual abuse as children. The authors provided a critical examination of the following five assumptions existing in the literature with regards to the adult interpersonal relationships of women who had experienced CSA: relationship difficulties; difficulties with attachment; difficulties in relationship functioning, leading to separation and divorce; a negative impact on partners; and sexual dysfunction. The following provides a summary of these assumptions discussed by Rumstein-McKean and Hunsley (2001).

Relationship difficulties. The first assumption is that survivors of CSA will experience relationship difficulties (Rumstein-McKean & Hunsley, 2001). The following are frequently cited as common among survivors of CSA in the literature: “poor personal adjustment, social isolation, mistrust of men, interpersonal difficulties, difficulty forming and maintaining relationships, and dissatisfaction with relationships” (Rumstein-McKean & Hunsley, 2001, p. 474). This assumption has received increasing support in the literature (Mullen, Martin, Anderson, Romans, & Herbison, 1994). Many women who are survivors of CSA report difficulties in interacting with both women and men (Browne & Finkelhor, 1986b). In addition, they indicate experiencing relationship struggles with their parents that continue into adulthood as well as difficulties with parenting and interacting with their children (Browne & Finkelhor, 1986b).

In a study examining the mediators between CSA and depression, of the 109 women and 83 men from a community sample that participated in the study, nearly one third reported histories of CSA (Whiffen, Thompson, & Aube, 2000). When compared to individuals who did not experience CSA, both men and women who self-identified as having experienced CSA reported higher levels of interpersonal difficulties in the areas of trust, control, responsibility, assertiveness, and feelings of distance between them and their partner (Whiffen et al., 2000).

Further, a study by DiLillo and Long (1999) examined the relationship between a history of CSA and the survivor's perception of intimate partner relationship functioning. The study used Chi-square analyses and *t*-tests to examine self-report measures provided by 142 college women. Of the 142 women, 51 reported a history of CSA and the remaining 91 women did not report a history of CSA. The results of the study indicated that female survivors of CSA report lower relationship satisfaction, poorer levels of communication and lower levels of trust when compared to a control group where neither partner identifies as a CSA survivor (DiLillo & Long, 1999).

Concerned with the impact that the trauma of CSA has on both the survivor and his or her partner and the relationship, Nelson and Wampler (2000; 2002) examined the impact on couples. In their initial study, Nelson and Wampler (2000) examined the impact of CSA on a relationship in which one of the partners identified as either a physical or sexual abuse survivor using self-report measures. In this study a clinical sample of 161 couples was recruited. Of the 161 couples, 96 reported a history of abuse and the remaining 65 couples did not. The couples in which one or more of the partners identified as abuse survivors reported higher levels of stress by not only the CSA survivor, but also their partners (Nelson & Wampler, 2000). Further, the couples with a history of CSA reported less satisfaction with their relationships than did the couples without a history of CSA. A second study by Nelson and Wampler (2002) also examined the levels of relational stress experienced by couples in which the female partner was a CSA survivor. The purpose of the study was to "compare individual symptomatology and dyadic effects in childhood sexual abuse survivor couples and clinical control couples" (Nelson & Wampler, 2002, p. 97). The researchers accessed a clinical sample consisting of 32 couples, 15 of which reported the female partner had experienced CSA. When compared to the couples who did not report a history of CSA, both the partner and the CSA survivor reported higher levels of stress.

It is important to note that the samples were clinically based couples implying they were seeking services for dissatisfaction in their relationships. As such it would be expected that increased stress and decreased relationship satisfaction would be found (Rumstein-McKean & Hunsley, 2001). However, the inclusion of a control group of non-CSA clinical couples increases the strength of the findings for these two studies (Nelson & Wampler, 2000), thus suggesting that even among couple experiencing distress, couples with a history of CSA experience even greater levels of stress (Nelson & Wampler, 2002).

The control sample included in the previously discussed studies examining relationship difficulties increases the strength of the suggestion that the findings are specific to couples experiencing CSA. However, it is important to note that all cited studies used self-report measures to examine relationships satisfaction, levels of stress, etc. and as such the accuracy of self-reports cannot be verified (Rumstein-McKean & Hunsley, 2001). Further, self-report measures do not control for differences in how one reports distress. For example, tolerance levels among couples may impact the results; for some, what might be experienced as stress, has little to no impact on other couples.

Attachment. The second assumption suggests that adult survivors of CSA experience insecurity in their relationships (Rumstein-McKean & Hunsley, 2001). Several studies have addressed and supported the suggestion that adult survivors of CSA experience less secure attachment than do non-survivors (Alexander et al., 1998; Allen, Huntoon, Fultz, & Stein, 2001; Styron & Janoff-Bulman, 1997; Whiffen, Judd, & Aube, 1999).

A study conducted by Whiffen, Judd, and Aube (1999) postulated that “intimate relationships would either mediate or moderate the association between CSA and depression” (p. 943). Ninety couples that met the inclusion criteria were recruited from the community through newspaper advertisement. Of the initial 90 participant couples, 63 completed the self-report questionnaire packages. The findings suggested that “CSA survivors were both better protected from depression when they perceived their relationship to be of high quality and more vulnerable to depression when they did not than were non-survivors” (Whiffen, et al., 1999, p. 940). It is important to note these findings were supported when survivors felt they were able to depend on their partners. The findings suggest that strong relationship attachments may serve as protective factors from experiencing the depression which is often associated with CSA (Kendler, Khun & Prescott, 2004; Whiffen et al., 1999; Whiffen, Thompson, & Aube, 2000).

According to Rumstein-McKean and Hunsley (2001), the assumption that insecure attachment in adult relationships is directly related to CSA may be an over-generalization. Several studies have shown that early childhood attachment and pervasive family of origin problems are more strongly associated with insecure adult attachment than is CSA. For example, the study by Styron and Janoff-Bulman (1997) supported the assumption that adults who were abused (sexual, physical, or emotional) as children were less securely attached in both childhood and adult relationships than those who did not report histories of abuse. Further, those who were abused also experienced higher levels of depression (Styron & Janoff-Bulman, 1997). However, these findings were better “accounted for by childhood attachment to mother and father rather than abuse history” (Styron & Janoff-Bulman, 1997, p. 1015). Rumstein-McKean and Hunsley (2001) conclude that additional research is required to clarify the relationship between a history of CSA and secure attachment in adult relationships.

Relationship functioning, separation, and divorce. The third assumption is that it is less likely that survivors of CSA will be married, experience satisfaction in their relationships, or maintain marriage/long-term relationships (Rumstein-McKean & Hunsley, 2001). Due to the changing nature of relationships and common-law relationships, this research will use the term intimate partner relationships to be inclusive of all committed relationships.

In a community sample of CSA survivors and non-CSA survivor controls, Mullen, Martin, Anderson, Romans, and Herbison (1994) found that a history of CSA was associated with partner cohabitation at a younger age than those not reporting a history of CSA. Further, these researchers found that survivors of CSA were more likely to be divorced or separated than a group of non-CSA survivor controls (Mullen et al., 1994).

A 30-year longitudinal study recently published (Friesen, Woodward, Horwood, & Fergusson, 2010) examined the association between the experience of CSA and intimate partner relationships at 30 years of age. This study examined and took into account several variables that held the potential to confound the results; for example, “early childhood and family factors” (Friesen et al., 2010, p. 679). The data for this study came from members of a birth cohort of 1265 children who were taking part in a Christchurch Health and Development Data Study (CHDS). This cohort had been regularly studied from birth until the age of 30 (Friesen et al., 2010). At age 30, 987 members of cohort were interviewed and their data analysed. After adjusting for “early childhood and family factors” (Friesen et al., 2010, p. 679), it was found that

CSA, particularly severe forms of CSA in which attempted or completed intercourse occurred, was associated with the following: “adverse adult partnership outcomes ranging from an early onset of cohabitation and parenthood (<21 years) to increased relationship instability, lower relationship satisfaction” (Friesen et al., 2010, p. 686) and increased rates of inter-partner violence when compared to non-CSA survivors. The researchers also found the following factors to either partially or fully mediate the previously noted associations: “a history of early consensual sexual intercourse, higher number of sexual partnerships, substance abuse problems” (Friesen et al., 2010, p. 679) and lower self-esteem. However the majority of the associations were still found to be significant after controlling for the mediating factors, “thus, even after taking into account other childhood factors correlated with CSA and later partner outcomes, exposure to more severe CSA seems to have a long-term influence on later partnership stability, relationship quality and risks of violence” (Friesen et al., 2010, p.686).

Impact on partners. The fourth assumption regarding the interpersonal functioning of CSA survivors examines the impact of CSA on partners of survivors (Rumstein-McKean & Hunsley, 2001). Clinical literature (Briere, 1989) suggests that those who are close to trauma survivors might have difficulties both intra- and inter-personally as a result of “indirect or secondary effects of the trauma” (Nelson & Wampler, 2000, p. 171). According to the American Psychiatric Association (*DSM-IV-TR*, 2001) trauma may result when one directly experiences or witnesses the following: “violent personal assault, serious accident, or serious injury experienced by a family member or a close friend; learning about the sudden, unexpected death of a family member or a close friend; or learning that one's child has a life-threatening disease” (p. 468). When examining the effects of trauma, emphasis has been typically placed on the individual who has experienced the trauma. These sequelae tend to be individually experienced; however, there is an inevitable ripple effect that extends to loved ones (Briere & Elliott, 2003).

Although not present during the actual abuse, intimate partners of CSA survivors witness the direct impact of the abuse. Secondary traumatization (term used to describe the impact on those around the primary victim of the abuse/trauma) can occur with any individual with whom the survivor is in relationship (Maltas & Shay, 1995); however, it has been suggested that the intimate partner is most affected as a result of the close intimacy partners experience (Maltas, 1996; Maltas & Shay, 1995). Therefore, following previous research, the term secondary

survivor will be used to refer to partners of those who have experienced CSA (DiLillo, 2001; Remer & Elliott, 1988; Wiersma, 2003).

It has been noted in the literature that secondary survivors experience symptoms similar to those experienced by survivors of CSA such as “overwhelming negative affect: anger, sadness, shame, and fear” (Johnson & Williams-Keeler, 1998, p. 25; Maltas & Shay, 1995). These experienced emotions are in response to both their partners’ history of abuse as well as to how it has impacted their partner and relationship. Nelson and Wampler (2000) examined secondary trauma experienced by the partners of abuse survivors. Their study compared 15 couples in which one or both partners identified as a survivor of either sexual or physical abuse with a control group consisting of 17 couples. While participants in the control group were experiencing distress in their relationship, neither partner identified as an abuse survivor. The study examined the following factors: the severity of the participants’ psychological distress, the quality of the relationship, and family adjustment using self-report measures. Results indicated that “couples in which one or both partners” (Nelson & Wampler, 2000, p. 178) reported a history of childhood abuse (i.e., sexual or physical abuse) experienced “lower relationship satisfaction and higher individual stress symptoms” (Nelson & Wampler, 2000, p. 178) than couples in which neither partner identified as an abuse survivor (Nelson & Wampler, 2002). Further, when comparing survivors’ reported levels of psychological stress with their partners who had not experienced abuse, the researchers found no significant difference between either partner’s scores, thus implying that the level of psychological stress experienced by both the abused and non-abused partner were very similar, and thus supporting the “theory of secondary trauma” (Nelson & Wampler, 2000, p. 179).

Sexual dysfunction. The fifth and final assumption is that those who have a history of CSA experience difficulty in the area of sexuality and sexual functioning (Briere, 1989; Briere, 1992; Bacon & Lein, 1996; Chauncey, 1994; Davis & Petretic-Jackson, 2000; Johnson, 1989; Polusny & Follette, 1995; Reid, Wampler, & Taylor, 1996; Sanderson, 2006). There is a plethora of literature that supports these claims in both clinical and community samples (DiLillo & Long, 1999; Rumstein-McKean & Hunsley, 2001).

Mullen, Martin, Anderson, Romans, and Herbison (1994) examined the relationship of CSA to the experience of adult interpersonal functioning and sexual difficulties. A questionnaire was distributed to a random sample of 2250 women. Of those who responded, 248 reported a

history of sexual abuse and were invited to participate in an interview. An equal number of non-CSA survivors were invited to participate in an interview as well to serve as a control group. The results indicated a significant relationship among a history of sexual abuse and “a decline in socioeconomic status, increased sexual problems and the disruption of intimate relationships” (Mullen et al., p. 35). Further, with regards to sexual intimacy, it was found that survivors were as sexually active as non-CSA survivors; however, they were more likely to be dissatisfied with their sexual intimacy. In addition, survivors were more likely to struggle with their own sexuality than did the non-CSA survivors. According to the findings, “sexuality and sexual behaviour have, for a significant proportion of the CSA group, become areas of uncertainty and difficulty rather than satisfaction” (Mullen et al., p. 44).

For survivors of CSA, sexual activity has been associated with negative emotions such as pain, shame, fear, and guilt as well as memories of their past abuse experiences (Johnson, 1989; Sanderson, 2006; Whiffen & Oliver, 2004). Premature sexual awareness can lead to a distortion in perceptions about the role of sex, intimacy, and normal care-giving (Sanderson, 2006). Depending upon the circumstances of the abuse, the survivor may “confuse sex with love and affection” (Sanderson, 2006, p. 62) and sexual arousal with receiving care. As a result of the abuse, the survivor may experience the following sexual difficulties: aversion to sex, sexual dysfunction, arousal disorders, impaired motivation, and sexual dissatisfaction (Polusny & Follette, 1995; Sanderson, 2006; Whiffen & Oliver, 2004). Alternately, the survivor may become preoccupied with sexual activities (Briere, 1992) leading to patterns such as promiscuity and risky behaviours (Polusny & Follete, 1995). Despite the elevated interest in sex, survivors typically remain emotionally absent during sexually intimate activities (Sanderson, 2006).

Rumstein-McKean and Hunsley (20001) cite several weaknesses in the research examining the sexual dysfunction of CSA survivors. First, the authors suggest that operational definitions for terms such as sexual dysfunction, sexual problems, and sexual dissatisfaction be delineated in order to understand the specific difficulties experienced. This will enable the development of psychometric measures designed to assess the specific nature of the dysfunction (Rumstein-McKean & Hunsley, 2001). Second, studies have frequently accessed university students to form their sample; “a reliance on recruiting young adult participants may result in the overrepresentation of those with more limited sexual experiences” (Rumstein-McKean & Hunsley, 2001, p. 483). Lastly, studies not using comparison groups can limit the extent of the

generalizability of the findings as other experiences or variables rather than a history of sexual abuse may account for the reported difficulties (Rumstein-McKean & Hunsley, 2001).

Critical Discussion of the Literature

Within the realm of CSA research, several criticisms with regards to the efficacy of previous research have been raised. For example, it is important to note that studies examining CSA and its corresponding sequelae are often based on both self-report data and retrospective accounts; the accuracy of such accounts cannot always be confirmed (Briere & Elliott, 2003; DiLillo, 2001). Concerns have been raised with regards to “the adequacy of research designs” (Rumstein-McKean & Hunsley, 2001, p. 473). For example, not all studies include a non-CSA survivor comparison group. Further concerns noted in the literature are as follows: “appropriateness of measurement and statistical strategies, timing of assessments and extent to which other pathogenic factors (e.g., family environment, past physical abuse, psychological neglect) may be responsible for the observed CSA-symptom relations” (Rumstein-McKean & Hunsley, 2001, p. 473). It has been suggested that the many sequelae found to be associated with a history of CSA can also be found to be associated with other forms of abuse and trauma (Finkelhor and Browne, 1985). Further, according to Cole and Putnam (1992) many of the studies published are atheoretical in that they focus on providing a description of the CSA survivors, on comparing and contrasting survivors with non-CSA survivors, and attempting to determine whether or not specific clinical samples are more likely to have histories of CSA (Cole & Putnam, 1992). Due to the limitations of the literature, it is important not to infer causality between a history of CSA and difficulties in intimate relationships later in life.

An additional criticism of previous CSA research is also common among other clinically treated individual or interpersonal impairments (Rumstein-McKean & Hunsley, 2001). A large proportion of published studies recruit participants from clinical settings. Broad conclusions about the experienced impact of CSA are inferred without “recognizing that properly constructed representative community samples are necessary for determining the association between the experience of CSA and symptoms at the population level” (Rumstein-McKean & Hunsley, 2001, p. 473). In other words, the findings may not be generalizable because the sample was not reflective of the general population, but rather it was reflective of a clinical population. For example, two studies were conducted with regards to the association between a history of CSA and dissociative experiences. Romans, Martin, Morris, and Herbison (1999) randomly sampled

354 participants from the community; their findings did not support an association between the two variables. However, a second study conducted by Chu, Frey, Ganzel, and Matthews (1999) recruited 90 participants from within a unit that specialized in the treatment of “trauma related disorder” (p. 749); their results suggest the participants reporting childhood abuse (i.e., sexual or physical) experienced significantly higher levels of dissociation than those participants who did not report a history of abuse. An additional concern of previous literature is that samples consisting only of university/college undergraduates may not be reflective of the population and, as a result, may limit generalizability (DiLillo, 2001).

Despite the criticisms and methodological concerns, research does support a relationship between childhood sexual abuse and symptoms later in life; this relationship has been found to remain stable “after controlling for background variables such as socioeconomic status and other forms of trauma” (Briere & Elliott, 2003, p. 1219 - 1220). It has been theorized that the interpersonal sequelae associated with CSA result from the immediate cognitive and conditioned responses that have continued into adulthood (Briere, 1992).

Summary

As this chapter has highlighted, one in three children experience sexual abuse (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). According to the literature, as a result of sexual abuse experienced as children, survivors may struggle long-term with “psychological, behavioural, interpersonal and physical effects” (Draucker & Martsolf, 2006, p. 4). CSA alters how a child experiences trust and safety (Briere, 1992; Cole & Putman, 1992) and is a violation of personal boundaries (Sanderson, 2006). As Briere (1992) points out, sexual abuse is generally perpetrated by someone with whom the victim had a relationship, within the context of what was to have been a safe relationship (Briere, 1989). It follows that survivors may experience fear, distrust and ambivalence (Briere, 1989) regarding interpersonal relationships (DiLillo & Long, 1999; DiLillo, 2001). This may result in impairment in various aspects of their interpersonal functioning (Briere, 1989; Briere, 1992; Johnson & Williams-Keeler, 1998; Nelson & Wampler, 2000; Whiffen, Thompson, & Aube, 2000).

Intimate partner relationships of CSA survivors have received relatively little attention in the literature (Friesen, Woodward, Horwood, & Fergusson, 2010; Godbout, Lussier, & Sabourin, 2006; Houg, 2008), even less so from the perspective of both partners. The majority of the literature discussed in this chapter is primarily quantitative in nature and examines the impact of

CSA from the survivors' perspective. Examination of the impact of CSA on intimate partner relationships is important as those in close relationship with the survivor will frequently experience the impact of the long-term sequelae associated with CSA (Briere & Elliott, 2003; Browne & Finkelhor, 1986b; Elam & Kleist, 1999). For example, one study found no significant differences among survivors and their partners in their reported levels of stress, relationship satisfaction, and family adjustment (Nelson & Wampler, 2000). In addition, it is suggested that interviewing partners conjointly may generate data that might not otherwise be produced (Allan, 1980). To address this gap noted in the literature the purpose of this research was to use IPA to explore the experienced impact of CSA on relationships and to answer the following question: what is the impact of CSA on intimate partner relationships?

CHAPTER THREE: METHODOLOGY

The following outlines my rationale for qualitative inquiry, my role as a researcher, and how the methodological approach, interpretative phenomenological analysis (IPA), will be used to gain insight into the experiences and meaning made by couples in which the female partner is a CSA survivor. A discussion on participant selection, the methods used to generate the data, and the process by which the data was analyzed will follow. Finally, I will present ethical issues that were considered throughout the research process.

Qualitative Inquiry

The search for both meaning and understanding (Merriam, 2002) characterizes qualitative inquiry; it is an inductive approach that results in an in-depth, rich description of a phenomenon such as the experience of the impact of CSA within the context of intimate relationships (Merriam, 2002). The goal of qualitative inquiry is to “describe and clarify experience as it is lived and constituted in awareness” (Polkinghorne, 2005, p. 138). When an individual has an experience, their experience is objectively real for them; it is not something that occurs internally but is externally present in the world and holds existential significance (Colaizzi, 1978).

The beliefs I hold about human experience are consistent with an interpretivist – constructivist paradigm (Morrow, 2007) and were instrumental in guiding me to a qualitative approach (Guba & Lincoln, 1994). It is my belief that multiple interpretations of an experience exist and the meaning attributed to experiences may change for individuals over time (Guba & Lincoln, 1994; Merriam, 2002). An interpretivist-constructivist paradigm requires that meaning or knowledge is created through an interaction between the participants and the researcher. Therefore a transactional/subjectivist epistemology in which findings are jointly created is adopted (Guba & Lincoln, 1994; Morrow, 2007). According to Merriam (2002), a key component of understanding the goal of qualitative inquiry is to understand its assumption that meaning is constructed socially.

It is assumed that those participating in the research, along with myself and the future readers of the study will possess their own individual interpretation of the experience and reality regarding CSA (Creswell, 1998). It is important to note that the interpretations of the participants were accessed within a specific context and at a fixed time. Therefore, it is possible that the meanings and interpretations made by my participants may not be reflective of their experiences

later in life (Larkin, Watts, & Clifton, 2006). Similarly, the interpretations and meanings I ascribed to the interview data were also generated within a specific context and at a fixed time; as such it is possible that they may not hold over the course of my life.

Qualitative research is an appropriate method when an in-depth, detailed account of a phenomenon is needed. A combination of the assumptions with which I approached the research as well as the emphasis placed on how people experience life led me to explore qualitative inquiry (Polkinghorne, 2005). In addition, the lack of research regarding the impact of CSA on intimate partner relationships (Friesen, Woodward, Horwood, & Fergusson, 2010; Godbout, Lussier, & Sabourin, 2006; Houg, 2008) further solidified the decision to use qualitative inquiry as a suitable method in order to provide in-depth, detailed accounts of individual experiences. The goal of this research was to give voice to both partners in a relationship and to provide an understanding about how partners in an intimate relationship experience the impact of child sexual abuse.

Interpretative Phenomenological Analysis

Interpretative phenomenological analysis (IPA) was the methodology chosen to answer the research question: what is the impact of CSA on intimate partner relationships (Smith, 1996; Smith, 2003; Smith, Flowers, & Larkin, 2009; Smith & Osborn, 2004)? IPA focuses on providing in-depth inquiry into lived experiences and is a form of interpretive phenomenology (Langdrige, 2007; Larkin, Watts, & Clifton, 2006; Smith, 1996; Smith, 2003). IPA is a relatively new approach to conducting qualitative inquiry having its origin in the mid-1990s. IPA as an approach may be new; however, it draws from concepts and approaches that have been employed for a longer period of time. IPA has been informed by three central theoretical concepts: phenomenology, hermeneutics, and idiography (Smith, Flowers, & Larkin, 2009).

Phenomenology examines experience from a philosophical approach (Smith, Flowers, & Larkin, 2009). It explores various aspects of how of being a human is experienced and how one arrives at an understanding of those experiences. Phenomenology has been influenced primarily by the following philosophers: Husserl, Heidegger, Merleau-Ponty, and Sarte (Smith, Flowers, & Larkin, 2009). They have made specific contributions to phenomenology that have influenced the development of IPA. Attributed as the founder of phenomenology, Husserl's contributions that have influenced IPA are as follows: an emphasis on both experience and the perception of experience and the notion of bracketing (i.e., identifying the 'taken-for-granted' ways of living

and being, setting them aside and examining our perception of experiences and of the world). Among Husserl's key contributions to phenomenology is describing the essence of experiences (Smith, Flowers, & Larkin, 2009). IPA differs from phenomenology in this way as it "has the more modest ambition of attempting to capture particular experiences as experienced by people" (Smith, Flowers, & Larkin, 2009, p. 16). The remaining three philosophers have further extended and developed Husserl's work and established the value of people being "embedded and immersed in a world of objects and relationships, language and culture, projects and concerns" (Smith et al., 2009, p. 21). They focussed less on describing experiences and emphasized interpretation and how one's position in and relationship to the world and to others influences the way in which one perceives his or her experiences (Smith et al., 2009).

Hermeneutics is the "theory of interpretation" (Smith, Flowers, & Larkin, 2009, p.21). One of the key influences on hermeneutic phenomenology has been Heidegger; it was Heidegger who formulated the interpretative aspect of phenomenology. One of his most valued contributions is focused attention to the impact one's previous experiences, assumptions and preconceptions have on one's research. Heidegger believed that completely setting aside one's own assumptions and biases could only be partially achieved. Heidegger suggested that one "cannot help but look at any new stimulus in the light of their own prior experience" (Smith et al., p. 25). IPA has also been influenced by a tenet of hermeneutics referred to as the hermeneutic circle which suggests that in order to "understand any given part, you look to the whole; to understand the whole, you look to the parts" (Smith et al., p. 28). The hermeneutic circle is employed by IPA in several ways; for example, throughout the process of analysis. As the whole of the interview is analysed, it becomes a series of parts; at the end of the analysis process, it once again becomes whole in the form of written results (Smith et al., 2009).

The final theoretical underpinning of IPA is idiography; IPA is "concerned with the particular" (Smith, Flowers, & Larkin, 2009, p. 29) on two levels. First IPA is concerned with the depth of detail and analysis. Second, IPA is concerned with understanding how a particular phenomenon has been understood from the perspective of those who have experienced it and how that understanding can shed light on the experience itself.

As a result of its theoretical underpinnings, IPA focuses on how the participant understands and makes meaning of his/her world and his/her experiences within it. This is what identifies IPA as phenomenological (Smith, Flowers, & Larkin, 2009). However, in agreement

with Heidegger, IPA places more emphasis on interpretation (Smith, 1996; Smith, 2003) than do other branches of phenomenology that focus primarily on providing a rich description of the essence of a phenomenon. Its focus is on the perception of an experience, the lifeworld, and the meaning derived by a participant. IPA is both an inductive and an idiographic approach. It is inductive in that theory is not emphasized prior to the research process. Smith, Flowers and Larkin (2009) suggest studies employing an IPA methodology should be primarily concerned with lived experiences. Therefore, the participants' stories should be examined without previously determined categories, concepts, or theories (Langdridge, 2007; Smith, Flowers, & Larkin, 2009). IPA is idiographic in that each couple's account will be examined in detail before moving on to the next couples' accounts. Only after all the accounts have been examined individually will a "cross-case analysis" occur (Smith, 2004 p. 41).

IPA is an appropriate approach for this study because of its focus on the experiences and meanings made by the participants. Further, involving both partners of an intimate relationship will allow me to examine how the couple has experienced that the impact of CSA and made meaning of their experiences together. IPA emphasizes the active role of the researcher in the dynamic research process. It acknowledges that accessing a purely emic (Morrow, 2007) perspective is not completely possible; the researcher will enter the research process with his/her own conceptions and assumptions. Therefore, interpreting the meanings made by participants will involve a two-stage interpretation process or a "double hermeneutic" (Smith, 2003, p. 51; Smith, Flowers, & Larkin, 2009); I, as a researcher, will attempt to make meaning of the meaning derived by my participants. With IPA, it is expected that I, as a researcher, will have my own conceptions and assumptions about the phenomenon being studied. In order to separate my own conceptions and assumptions and to minimize their impact on the research process, I recorded my experiences with the phenomenon in the form of journaling prior to the onset of the study. I continued to journal throughout the research process. I found the journaling very beneficial; it allowed me to work through my ideas and helped me maintain my focus on the research question and the experiences of the participant couples.

As with all methods, IPA is not free from criticism. In examining the meaning making of participants, IPA takes mental processes into consideration and can be mistakenly associated with cognition (Langdridge, 2007; Smith, 1996) and therefore found to be at odds with phenomenology. In response to the criticisms of IPA being primarily a methodology focused on

cognitions, Langdridge (2007) asserts that because of its “avowed phenomenological foundations” (Langdridge, 2007, p. 108) these claims hold little value with regard to the pragmatics of conducting IPA. He therefore suggests that one continue to carry out IPA as most researchers do and focus on the exploration of the “lifeworld of their participants in a manner typical of the phenomenological research tradition” (Langdridge, 2007). Theoretically, IPA is committed to understanding the individual “as a cognitive, linguistic, affective and physical being” (Smith, 2003, p. 52). In essence, IPA examines the whole person and how he or she experiences and makes meaning of his or her world.

Role of the Researcher

My role as a researcher was realized in the manner in which I interpreted the reality and understanding of the participants (Langdridge, p. 107). Smith and Osborn (2003) refer to a “double hermeneutic” in which the researcher attempts to make meaning of the meaning derived by participants. As an interview is an interaction between two people, it is inevitable that I as a researcher influenced the accounts of my participants. My listening and attending behaviour were an integral component of the responses of the participants (Polkinghorne, 2005). Maintaining awareness of my assumptions and biases was a crucial component of producing authentic results rather than reflections of my own expectations (Polkinghorne, 2005). The way I perceive, interpret, and experience the world provides a lens through which I examine all incoming information. As a result, I do not believe that it is possible to fully set aside my own assumptions and biases; they are ingrained in who I am as an individual. I believe there is value in outlining assumptions and biases at the onset of a study; identifying and acknowledging such things provides a measure of accountability when examining the interpretations and reflections from the data. Further, acknowledging biases and assumptions provides a level of transparency with readers of the study. The process of outlining my assumptions and biases in the form of journaling at the onset of the study, revisiting them, and continuing to journal throughout the course of the research process assisted me in minimizing my assumptions and maintaining focus on the participant couples’ experiences.

Data Generation

Participants

A purposive sample of three participant couples was accessed from a local community service agency and online advertising venues. Purposive sampling allows for the purposeful

selection of participants (Morrow, 2007) on the basis of their ability to provide the researcher with an understanding of the phenomenon being studied (Merriam, 2002; Polkinghorne, 2005).

Respondents were invited to participate in the study through the use of posters (See Appendix A). Initial contact was made through an email that had been set up specifically for the study. Once the participants had made contact via email, I conducted a telephone screening interview to ensure the participants satisfied the inclusion criteria (See Appendix B). Participants who met the following criteria were selected to participate in the study:

1. Experienced sexual abuse prior to the age of 16 (female partner)
2. Be involved in a heterosexual, cohabitating or marital relationship for a minimum of two years
3. Not currently in a state of crisis
4. Have participated together in some form of counselling with a counsellor, psychologist or pastoral counsellor
5. Be able to commit 2-4 hours of their time to participate in two joint interviews and to review the transcript after the initial interview

For the purposes of this study the participants were required to be involved in a “heterosexual cohabitating or marital relationship” (Rhinas, 2006, p. 32) in which the female partner had experienced sexual abuse prior to the age of 16 (Godbout, Sabourin, & Lussier, 2009; Peleikis, Mykletun, & Dahl, 2005; Whisman, 2006). The impact of life events on the course of interpersonal functioning over time has been queried; it has been suggested that survivors engage in “different patterns of interpersonal functioning across time” (Davis & Petretic-Jackson, 2000, p. 324). Events such as engaging in intimate relationships, marriage, and/or childbirth can cause memories to resurface and can be stressful time periods individuals who have experienced CSA (Cole & Putnam, 1992). Therefore, participants were required to have been involved in an intimate relationship for a minimum of two years. Allowing for a long-term relationship may provide insight into how the impact of CSA has changed over the course of the relationship (Cole & Putnam, 1992).

It has been suggested that previous treatment history (e.g., counselling) may increase the likelihood of a participant being able to articulate the effects associated with CSA (Wiersma, 2003) in an interview setting. Therefore, only those couples who reported a history of some form of counselling either with a counsellor, psychologist, or pastoral counsellor were included in the study in order to enable conversation around their experience of CSA, particularly within the context of a relationship. With the approval of the behavioural ethics board, one couple was

included despite not engaging in any previous counselling together as a couple. This allowance was made based on the information that both individuals had engaged in individual therapy. Participant couples were also required to self-identify as not being in crisis prior to the onset of the study. Lastly, the participants were required to commit to two to three hours of their time over two interview sessions. In addition to satisfying all participation criteria, it was necessary to confirm that both partners in the relationship were willing to participate in the study.

Interviews

In-depth interviews were used to generate data. Two unstructured interviews were conducted with each participant couple (Smith, 2004; Smith & Osborn, 2003). The initial interview was audio-recorded. The following research question was posed: how have you experienced the impact of child sexual abuse in your relationship? As the interview was unstructured, the participants played a large role in determining the direction of the interview (Smith, 1995). An interview schedule was used to facilitate the interview process (See Appendix C) for each of the couples (Smith, 1995) to facilitate further conversation. The purpose of the interview schedule was to generate dialogue about the phenomenon being studied should the participant couples have difficulty articulating their responses (Smith, 1995). The interviews took place at the offices of Family Service Saskatoon located in Saskatoon, Saskatchewan.

Following the initial interview, the participants were given the opportunity to review the transcripts of the interview data and invited to add, alter, or delete any of the information to ensure the transcripts not reflect their intended meaning. However, the participant couples did not wish to make any changes. After analysis of the initial interview, a second interview was scheduled with the participants. Van Manen (1990) refers to this second interview as a hermeneutic interview. The purpose of this second interview was to present the participants with the themes that emerged from the first interviews and to dialogue with them about their impressions of the findings (Van Manen, 1990). The participants were asked to verify and to confirm the accuracy of the findings and whether or not the themes and interpretations derived were reflective of their individual experiences (Langdridge, 2007; Phillips & Daniluk, 2004). In addition to verifying their responses, participants were asked to sign a transcript release form granting permission for the use of their data obtained in the interviews (See Appendix D). The second interview was also audio-recorded and new data that arose from the discussion of the themes with the participant couples was also transcribed and analyzed.

Conjoint Interviews

Most often, research using in-depth interviews involves interviewing individuals independently (Racher, 2003). However, according to Allan (1980), some research questions are better answered by conjoint interviews with a couple. In phenomenological research, when the shared experience of a couple is the focus of the research, conjoint interviews can be valuable (Racher, 2003). Conjoint interviews can provide a more full response to the research question(s) than one might acquire from interviewing the partners separately. In addition, the observation of the partners' interaction can also be considered data (Allan, 1980). Conjoint interviews may also allow participants to be more comfortable in the interview setting (Morris, 2001). Previous research has suggested that discussing sensitive topics (such as one partner dying as a result of cancer) does not appear to impede the interview process. In addition to the many strengths of conjoint interviewing, there are some disadvantages. Despite the intent to involve both partners conjointly in the interview, there is the possibility that an imbalanced (Forbat & Henderson, 2003) interview might occur with one partner, either intentionally or unintentionally, dominating the conversation (Arskey, 1996).

As I sought to gain an understanding of the shared experiences of my participant couples, it was necessary and appropriate that I included both members of the couple in conjoint interviews (Racher, 2003). Not only can interviewing the couple conjointly provide more data, but also, it has been argued that doing so can be considered to be more ethical than interviewing the partners separately (Morris, 2001). For example to request individual interviews might suggest to the couple that secrets exist between them (Morris, 2001). Confidentiality has been identified as a potential ethical concern when interviewing partners in intimate relationships separately (Forbat & Henderson, 2003). For example, if during an interview, a partner had asked about the response of their partner during his or her interview it would have placed me as the researcher in a difficult situation (Forbat & Henderson, 2003) had this not been addressed during the informed consent process. Similarly, handling of the transcripts and final draft of the study may have been a delicate issue (Forbat & Henderson, 2003).

I was interested in understanding how the couples together experienced the impact of CSA. Research suggests that a necessary characteristic of dyadic (couple) relationships is that "one's actions, views and experiences" (Racher et al., 2000, p. 368; Thompson & Walker, 1982) be heavily influenced by the actions and attributes of their partner. This suggests that an essential

component of dyadic relationship is the interdependence of each member (Becker & Useem, 1942; Thompson & Walker, 1982). Changes and or disruptions in the dyad, such as the sequelae associated with a history of CSA, causes “fundamental changes” (Becker & Useem, 1942, p. 16) in each member. Therefore, what has occurred in the past has influenced the couple as a unit; both the survivor and the partner. These assumptions fit with the research regarding dyads in which one partner has experienced CSA; for example, partners of CSA victims tend to exhibit similar levels of stress and relationship satisfaction (Nelson & Wampler, 2000).

Negotiating a Balanced Interview

Prior to the interviews I was concerned it would be difficult to negotiate balanced discussion and ensure each individual had an equal opportunity to offer a description and an interpretation of their experiences. While it was slightly different for each couple, the conversation did flow naturally in each of the interviews. It was a unique experience to be part of such an intimate discussion.

With the first couple, Tyson and Natalie, the conversation was fairly equal and they appeared to have no difficulty going back and forth with each finishing the other’s sentences at times. The second couple, Jill and Cam, proved to be a little more difficult to balance with Jill doing the majority of the talking. At times she was slightly difficult to follow and changed topics rapidly. With this couple I felt I continually needed to bring the focus back to the impact of CSA on the relationship. However, when analyzing the data, I found that with regards to usable data (usable referring to the suitability of the data in answering the research question), the conversation was fairly equal. For example, Jill sometimes strayed from the research question and discussed the impact on the relationship with her parents rather than on her relationship with Cam. Cam may have contributed fewer words; however, the words he did contribute were more succinct and he spoke more directly to the research question than did Jill. Further, it was difficult for this couple, particularly Jill, to remain focused on the impact of the abuse on the relationship; Jill spoke in great detail of the impact on herself and her family. However, with continual prompting, I was able to guide the conversation back to the impact on the relationship and some very valuable data was generated.

With the third couple, Darren and Catelyn, it was a little more difficult to negotiate an equal balance in the discussion. Similarly, the interview was difficult to manage as Darren took over the conversation a great deal of the time during the initial interview, even when questions

were posed directly to Catelyn. Perhaps I could have been more proactive when Darren interrupted, and re-focused the attention back on Catelyn. I did attempt to do so but Darren always seemed to have more to say. During the second interview Catelyn spoke more and appeared more comfortable. Catelyn may have been unsure of what to expect and therefore relied more on Darren to carry the conversation during the initial interview. If this was the case, it makes sense that she was more at ease and willing to open up more during the second interview.

Data Analysis

Within IPA there is not a prescribed method for conducting data analysis (Smith, Flowers, & Larkin, 2009); however, IPA uses a method similar to thematic analysis (Langdrige, 2007). With each transcript/participant couple, I progressed through four stages of analysis in order to illuminate themes. Within an IPA framework, the term theme refers to patterns that have emerged from the interpretative phenomenological analysis of the data (Smith et al., 2009). Stage one involved a careful reading and re-reading of each transcript. Significant segments, phrases, and quotes were noted in the left margin; in doing so, I began to identify categories. The comments noted in the margin included summaries, links among comments made through the course of the interview, as well as the beginning stages of interpretations (Langdrige, 2007). The data analysis was an iterative rather than linear process and as such I was continually going back and forth between the data, the categories, and emerging themes. My goal was to remain close to the meaning described by the participants. In stage two, I noted emerging themes in the right-hand margin as I continued to read and re-read the transcript. Using my initial comments on the left-hand margin from stage one, I attempted to reflect and pull together a “broader level of meaning” (Langdrige, 2007, p. 111).

Stage three involved listing the categories (or sub-themes) in a separate document in the order they appeared during the interview session to be able to better identify commonalities. I continually noted the content of the categories and themes as I re-organized and examined the similarities and differences among them (Langdrige, 2007). As I immersed myself in the data it became apparent that similar categories could be clustered together; themes began emerging that encompassed several of the categories. Throughout this process it was crucial that I continually engaged in a careful reading of the entire transcripts to ensure the emerging themes were consistent with the words and meanings of my participants.

During stage four, tables of the themes and associated categories were created to better organize the data. Also during stage four, I linked the themes to the data by including all the excerpts for each category under the appropriate theme to ensure I was staying close to the data. In order to be able to determine which themes came from which participant couple when conducting a cross-analysis of themes from all participants, I identified from which participant(s) and from which page number (s) the supporting quotes for each of the derived themes could be found (Langdridge, 2007). After completing each of the four stages, I moved onto the next participant's transcript and so on until all the transcripts were reviewed carefully through each of the stages. When this process was completed, I created a master table with the themes that were representative of all participant couples. The goal of this process was to stay as close as possible to the meaning of the participants. The success of this goal was measured during the second interview when I shared the themes that had emerged from their data. Solicited feedback confirmed that the themes resonated with the participant couples' individual experiences. During the second interview, comments made that added to or clarified discussions from the initial interview were also transcribed and included in the analysis.

Establishing the Quality of the Research

There are several paradigms from which research can be approached. The many different ways of knowing (ontology) require different ways of evaluating and measuring the quality of the research (Morrow, 2005; Ponterotto, 2005). Independent of specific paradigms is the need to demonstrate rigour throughout the research process. Ensuring the rigour can be equated with showing the "integrity and competence" (Tobin & Begley, 2004) in one's research. Lincoln and Guba (1985) outlined several criteria by which qualitative inquiry can be evaluated. The following methods were used through the course of my project to enhance the quality and ensure the trustworthiness of my research: credibility, transferability, and confirmability, and dependability (Lincoln & Guba, 1985; Morrow, 2005).

Credibility. Credibility allows for an external check of the accuracy of the findings (Lincoln & Guba, 1985). In order for a study to be deemed credible, the descriptions and or interpretations reported in the findings should resonate with those individuals who have personally experienced the phenomenon (Sandelowski, 1986). The following methods were employed to enhance the credibility of the findings.

Member checking involves confirming the accuracy of categories and themes derived with the participants and serves to enhance the credibility of the findings; (Merriam, 2002). It provides the opportunity for participants to confirm whether or not what they said accurately reflects what they intended to say (Lincoln & Guba, 1985; Lincoln & Guba, 1986). Further, it may elicit additional thoughts and/or memories (Lincoln & Guba, 1985; Lincoln & Guba, 1986). Therefore, as previously discussed, to increase the credibility of the study, participants were given copies of the verbatim transcripts from the first interview prior to the second interview. The participants were asked to review and verify the accuracy of the transcripts. During the second interview, participants were asked to sign a transcript release form authorizing their consent to use their data for the purposes of my thesis and potential publications. In addition to soliciting my participants' feedback on the accuracy of the transcripts, during the second interview, as previously discussed, the participants were presented with the themes generated from their initial interviews and asked to confirm whether or not they resonate with their experience (Van Manen, 1990).

An additional strategy used to increase the credibility of my study was peer debriefing (Lincoln & Guba, 1985; Lincoln & Guba, 1986; Merriam, 2002). During the research process, I frequently met with colleagues who were also involved in the research process. Several of these meetings were facilitated by my supervisor, Dr. Stephanie Martin, who provided expertise in both qualitative methodologies and working with sensitive issues; for example, abuse and violence against women. The purpose of the peer debriefing was for consultation (Anastas, 2004), to hold me accountable, and to provide me with feedback and insight regarding the progress of my research (Lincoln & Guba, 1985; Lincoln & Guba, 1986). When talking with individuals about highly sensitive and emotional issues there was the possibility of vicarious traumatization (Bratton, 1999). Therefore, consultation with my colleagues was also put in place as a safety measure, as it provided a safe place for me to debrief and to provide some accountability to ensure I am staying well throughout the process (Lincoln & Guba, 1985; Lincoln & Guba, 1986).

Transferability. According to Lincoln and Guba (1985), transferability parallels external validity and examines the degree to which the findings resonate with individuals with similar experiences in similar situations. The goal of my study was to attend to the voices of both partners and to learn more about how partners in an intimate relationship experience the impact

of child sexual abuse. In doing so, it was my hope to be able to provide insight and aid to future researchers, survivors, partners, and counsellors (Berry, 2007). Therefore, ensuring the transferability of my findings was an integral component of establishing the trustworthiness and fulfilling the goals of my research. The following outlines the method that was be used to enhance the transferability of the findings.

Not everyone has experienced CSA. Those who have each have their own individual experiences; as such I realize the difficulty in arriving at findings that will resonate well with all my readers. Again, it is important to note that generalizability is not the goal of qualitative enquiry. The goal was to present my data in a way that allowed my readers to arrive at their own judgements regarding the “degree of fit” (Lincoln & Guba, 1986, p. 19) of my research. In order to facilitate this, ‘thick’ descriptions of the data are provided. The goal of providing thick descriptions of the data is to enable the readers’ understanding of my interpretations and reporting of the results. These rich descriptions involve the themes derived from the data, field notes, and notes from peer consultations. These materials will be integrated and condensed (Richards & Morse, 2007) and the findings are supported through the use of verbatim excerpts from the transcripts of my participants.

Dependability and confirmability. Confirmability ensures that the data and subsequent interpretations are derived from the data and rather than from the researcher’s preconceived beliefs (Tobin & Begley, 2004). According to Lincoln and Guba (1986) dependability and confirmability can both be evaluated through the use of an audit trail which will be discussed below. The component of the audit trail that outlines the process of the study speaks to the dependability of the study whereas the component of the audit trail that allows similar conclusions to be made regarding the results of the study speaks to the confirmability of the study (Lincoln & Guba, 1986).

An audit trail or decision trail is a method in which the researcher records all information regarding decisions made about the study. There is a dual purpose of the audit trail, one being provision of enough information to other researchers in order to enable them to follow the progression of the study and to understand how I came to the decisions I did (Lincoln & Guba, 1985; Sandelowski, 1986). The second purpose is more reflexive in nature and provided me with the opportunity to outline my interest in CSA and to indicate how my position as a researcher may influence the participants (Sandelowski, 1986) and the data collection. Further it challenged

me to look at how my socio-economic status, ethnic and educational background, beliefs, and *a priori* assumptions influenced how I viewed the data (Langdridge, 2007). Due to the reflexive nature of this process and following Langdridge's (2007) suggestion, the audit trail took the form of journaling. I found the process of journaling very beneficial; it helped track my thoughts and ideas throughout the research process. It also provided a 'trail' on which I can look back and determine how I arrived at the conclusions I did.

Ethical considerations

In accordance with the University of Saskatchewan research requirements, an ethics application was submitted to the Behavioural Ethics Review Board for approval. All information regarding conflict of interest, participant recruitment, informed consent, data storage, and safety precautions taken throughout the study are outlined in more detail in the ethics application (Appendix E). Ethical approval was received October 22, 2009 (See Appendix F).

Informed Consent. Informed consent was obtained from the participants (See Appendix G) prior to the initial interview. Participants signed the consent form without the presence of their partner in order to ensure each person's informed consent. This was done to prevent one individual from coercing their partner to participate in the study.

Confidentiality. All information provided by the participants remained confidential. All identifying features were altered and pseudonyms are used throughout the study to increase anonymity and confidentiality (Langdridge, 2007). In addition, to further maintain anonymity, the confidentiality of third party individuals identified in the interview process were also protected through the use of pseudonyms (Haverkamp, 2005).

As the interviews with primary and secondary survivors of CSA involve sensitive topics, there was the chance that the couples may have been left feeling vulnerable or anxious after the interviews. As such, the consent form outlined potential risks of revisiting the emotional trauma of the abuse and its current impact for the participants (Langdridge, 2007). To reduce the risk of emotional or psychological harm as a result of the sensitive discussions, precautions were taken in outlining the specific inclusion criteria for the study. For example, as previously discussed, the respondents were required to have participated in previous therapy and to self-identify as not being in crisis for the duration of the study. A telephone screening guide was established to select potential participant couples and to ensure they satisfied the previously discussed inclusion criteria (See Appendix C). Further, contact information of local counselling services were given

to the participants at the onset of the study and were also included in the informed consent (See Appendix H).

CHAPTER FOUR

RESULTS

The purpose of this research study was to use IPA to explore the impact of CSA on relationships and to answer the following question: what is the impact of CSA on intimate partner relationships? Consistent with IPA, the data is represented thematically (Smith & Osborn, 2004; Van Manen, 1990). The themes and sub-themes are supported through the use of the participant couples' own words (Smith & Osborn, 2004). The excerpts included in chapter four were edited to provide a more coherent and smooth read. For example, information that may have identified the participants was altered. Further, words that were repeated and used as filler (e.g., ahh, you know, yeah, etc.) are represented by ellipses. Lastly, added words providing context for the reader are indicated by square parenthesis. Rather than representing the data as a uniform voice, the voices of the participants were maintained throughout representation of data. This not only ensures I remain consistent with IPA in acknowledging the individual experiences, but also respects and honours the stories and words of the participant couples. It is important to note that the writing of the final document was an iterative process and involved continually immersing myself in the data and remaining close to the themes and the meanings derived by the participant couples as confirmed by them in the second, hermeneutic interview (Smith & Osborn, 2004; Van Manen, 1990). The following begins with a brief summary of each couple and their experiences as related to the impact of CSA. A discussion of the experiences and the meanings derived by the participants follows.

Contextualizing the Data

As I worked with the data I struggled with how best to organize and present it within an IPA framework in a way that honoured my participants, their stories, and their contributions to this research. One of the primary concerns of IPA is with individual experiences and providing in-depth, detailed accounts of those experiences (Smith, Flowers, & Larkin, 2009) with the goal of illuminating the experience itself. Therefore, I will begin with a detailed account of each participant couple's experience with the impact of CSA. The account of each couple's experience will begin and end with an excerpt that captures their journey with CSA. The themes that emerged from the interpretative phenomenological analysis will follow.

Couple One: Tyson and Natalie. "It was a huge journey we went on, but there was no choice in it... and through it all it's been walking really together, neither of us particularly

leading but always leaning” (Tyson). Tyson and Natalie have been married for 25 years and together have a teenage child. Over the past 25 years, their relationship has weathered many storms, but none so debilitating as the impact of Natalie’s childhood sexual abuse. Natalie and Tyson were married for several years before the impact of CSA began to surface and Natalie communicated to Tyson the reason behind her pain. Tyson initially was relieved there was an answer to the problems and made an embarrassing mistake by believing, “okay, that is the problem, it’s named, it’s solved”. He quickly learned, “that’s not the way it works, it is okay, here’s the problem and things are going to get worse for, oh quite a while”. He quickly moved from ‘it’s solved’ to anger towards his wife’s abuser. Over the next few years of her nine year healing journey, Natalie came to terms with her sexual identity. According to Natalie, what the sexual abuse had done was “put my entire sexual being, my entire concept of a sexual self, totally on ice”. Natalie indicated she was unaware there could be any other option than a heterosexual relationship. Tyson explained her realization, “through the process of her healing and therapy she figured out eventually that she is gay...well, asexual”. Despite this realization Tyson and Natalie have stayed together and are completely dedicated to maintaining their relationship and adapting to the changes their relationship has undergone. They attribute the success of their relationship to their deep friendship, mutual love, respect, and care for each other. Natalie stated that their relationship “...was based more on the friendship ...and the ties we had emotionally, we had to each other”. Tyson added that “support and communication...” were important elements. In considering the impact of their relationship Natalie shares, “so yeah, it [the abuse] had huge impacts but for whatever reason, we’ve managed to adapt and go with whatever was handed to us”.

Couple Two: Jill and Cam. “We can’t seem to grow forward so as far as our relationship. It’s hard to feel...when looking back, and say hey, we overcame that, or accomplished that or did that; we don’t, we can’t seem to put it behind us” (Cam). Jill and Cam have been married for nine years and together for 11 years. Together they have a young child. Throughout the course of their relationship they have been working through the after-effects of the sexual abuse Jill experienced as a child. For 17 years Jill has struggled with an eating disorder that has impacted their relationship, “we keep going back to the eating disorder and how that affects us, I guess just cuz that seems to be what came from it [the abuse]”. The impact of the CSA, among other things, has lead to Jill’s hospitalization (for the second time, she was

hospitalized prior to their marriage as well) due to the eating disorder. Among the many aspects of their relationship that have been impacted by the CSA is the trust between them. Cam indicates that:

Well..for trust, it's gotten to the point, where [pause] cuz for all the loop we're in and I just keep seeing the same things happening over and over again, I don't really trust Jill with, when it comes to anything to do with the eating disorder.

For Jill and Cam, it appears that the greatest impact of the CSA is Jill's eating disorder; as such it was difficult for them to discuss the impact of the CSA on the relationship without mentioning the eating disorder and its effects. While they have come a long way and Jill has worked very hard at overcoming her eating disorder, they still have many obstacles to contend. During our follow up interview, Jill informed me that she had agreed to a third hospital stay and they were waiting for her to be admitted. Upon hearing this I inquired as to whether or not we should proceed with the interview and reminded them that it was completely within their right should they wish to discontinue. Jill assured me that she was well enough to proceed and that she really wished to finish what we had started. The interview progressed and both Cam and Jill confirmed the themes and categories as reflective of their experiences. Despite the hardships their relationship has endured and continues to experience, they still have hope. Cam shared his perspective, as follows: "the optimism of looking forward, like really feeling once a person overcomes this I mean what else can there be?"

Couple Three: Catelyn and Darren. Darren shared how their current relationship was different from their previous relationship experiences, "...it could be worse if we hadn't dealt with things you know, quit drinking, you know, or whatever. We could have a dysfunctional relationship..." Catelyn and Darren shared a bit of a different story than the other two participant couples. Where the first couple had been together for 25 years and the second couple had been together for 11 years total, Catelyn and Darren had been together for two years. For this couple, both individuals experienced sexual abuse as children. This shared experience provided a bond early in their relationship and gave them the sense of safety they needed to be able to share their story without fear of judgement, each knowing the other understood. Catelyn expressed the understanding she felt when Darren shared his history with CSA, "it [hearing about the abuse] was hard, I knew where he was coming from". Pain characterizes their life story and as a result of the abuse both of them turned to alcohol; Catelyn turned to both drugs and alcohol to cope with

the pain. As they have grown through their individual healing journeys they no longer feel the need to turn to alcohol. Darren reflects on the change he has witnessed in Catelyn:

She doesn't drink anymore...she used to be a really bad alcoholic and she was hiding behind, you know hiding from those emotions...and those fears and stuff, but now she doesn't have to and I don't have to either, I'm not embarrassed about anything, I didn't do anything wrong, I don't have to drink and hide behind anything either.

Catelyn and Darren feel the success of their relationship is attributed to the fact that they have both experienced healing and took time for themselves to work through the pain and the anger before becoming a committed couple. Dan reflects on the importance of their individual healing journeys to their relationship:

If we didn't have it [healing] before we got together, we would have been trying to get through our healing journeys and being together and it wouldn't have worked. It would have been the same as all of our other relationships, I'm sure.

The Experienced Impact of CSA on Intimate Partner Relationships

The data from the participants were rich. Initially, many sub-themes were identified and as the analysis progressed, similarities among the many categories were noted and merged together to form themes. At the close of the analysis process, four themes remained. Figure 4-1 provides a schematic representation of the themes and sub-themes.

Figure 4 – 1 The Experienced Impact of CSA on Intimate Partner Relationships
Overview of the Themes and Sub-Themes



The overarching theme of *hope and healing: past yet present, healed yet healing* emerged as a common thread among the other themes. The couples described a journey towards *hope and healing* and expressed how their process had been influenced and shaped by their experience of *living with the unknown, (barely) surviving, and commitment*. The sub-themes of delayed impact and reaction merged to form the theme of *living with the unknown*. According to the participant couples, the theme, *(barely) surviving*, is a direct result of the impact of the CSA and was further affected as a result of the effects of *living with the unknown*. The sub-themes included under the second theme are identity, psychological (cognitive and emotional) impacts, and the impacts of CSA on trust and intimacy. Despite, or perhaps in spite of, *living with the unknown* and the fight for survival, the theme of *commitment* emerged; commitment to togetherness and to support. The following section will address in greater detail how these themes emerged and how they are interconnected.

Hope and Healing: Past yet Present, Healed yet Healing

The concept of hope was apparent throughout the interviews for each couple. Even when the couples were sharing their most difficult stories, such as the struggles discussed under the theme of *(barely) surviving*, there were glimpses of hope and what appeared to be movement toward healing.

The couples described how moving toward healing has been difficult work. The following expresses Tyson's awe of Natalie's efforts in seeking healing:

Once you got going, you were driven; you went and got a bad counsellor and got, went somewhere else and you kept going and you found [community support centre] and you, that's why I say you're my hero because that was incredibly hard work you did.

During their initial interview Natalie shared a part of what has been healing for her in terms of overcoming the impacts and hold CSA had on her life and their relationship,

A big part of my personal healing has been talking about it [her experience with CSA], not the abuse itself, but its effects, so for [pause] 5 or 6 years from '98 to, I think my last presentation was 2003, something like that, I would talk to people...giving a human face to it and that was very important to me being able to um, to, to say it and remind people that I wasn't the criminal, I wasn't the one who instigated things, I didn't lead anything on and to remind people of that and yes there is a woman standing before them, but it was a child that it happened to.

Natalie stated that sharing her story was hard work and yet it provided some healing for her. She also discussed how she wore an item of Tyson's clothing for every presentation; it brought her comfort and provided her with support.

A progression of healing was evident in the participants' stories; however, it became evident that the couples' relationship with the after-effects of the CSA was not a linear progression. Rather it is a continuing journey, one that will never fully, according to them, allow complete healing. Naomi shared, "it's not something [that] will ever really go away, I don't think so". Similarly Darren shared that he feels that he has put the impact of the CSA behind him; however, he shared it would be something that would always be there. Darren stated, "I don't have to deal with that anymore. I put it behind me and it's gone, you know, *it's there but it's gone*, you know?" The manner in which the couples spoke of overcoming the impact of CSA and moving towards healing has been in the form of a journey rather than something that happened overnight. Catelyn described how healing has been one day at a time for her. She stated, "getting over every day about the pain of what happened to you and everything like that and just thinking about it, and just [pause] think about one more day, a day at a time". Despite the healing journey she and Darren had been on prior to their relationship, Catelyn stated, "every day is still a healing point". Note the present tense of her comment. It appears 'time may not heal all wounds'; time may improve things, but it does not erase what happened. Thus, the impacts may not ever fully go away. Perhaps the impacts go away for some couples; however, the participant couples involved in this study clearly articulated their ever-present journey with the impact of sexual abuse, yet their deep desire to move on and look toward what is ahead rather than being continually controlled by the past. Darren shared,

It's always going to be a part of my life, you know. Of course I'm going to know that I was sexually bothered and touched and this and that in the past but you know what if I was to dwell on it and cry about it and hurt about it all the time. I couldn't have the relationship that we have today, you know?

The participants in the study who experienced CSA were motivated towards healing not only for themselves but for the intimate partners and families as well. Jill stated,

I want to be an example that I'm trying to make these changes and doing that and overcoming them and moving on. You know?...I'm fine with [child] knowing that

things have been hard from me, but I want her to know that I've been working on them and *I'm trying to work on them and turn my life around for all of us.*

Jill expressed her desire for healing being the reason behind all her hard work. She hoped to overcome the impact of CSA on their life for the sake her husband and her child; she wanted her child to know she had worked hard to make things better.

Hope, while not often explicitly referenced by the participants, was evident in the sharing of their stories. It appeared to be what bound them together, hope and their love and commitment to each other. Without the hope of healing and things improving, it appears as though it would have been difficult to stay together. It is difficult to understand why the participants would undertake the painful, hard journey of working through their CSA if not for the *hope* of healing. For example, Jill discussed how difficult it was for her to struggle against her eating disorder and work through her memories of CSA,

I just wish it would just, I could just let it go and it would go away and I wouldn't have to deal with it or anything but um, all my professional people have said it won't unless I deal with it... it just seems like so much work and it's just, just feeling like I bring problems to everyone's lives but and it's just all those things and stuff, haven't died yet so maybe you know, so yeah. Just try to get things on track again.

Yet despite how hard the struggle is, Cam and Jill are looking forward with hope to the healing they feel they are moving towards. Cam stated, "...if we can get over this, there's nothing that could stop us really...it's such a hurdle to get through".

In the following comment Cam also shared what hearing the stories of others who have struggled with the impact of CSA has done for their relationship:

It [hearing the stories of others] gives you hope, and the optimism of looking forward like really feeling once a person overcomes this I mean what else can there be? You know I think it would be a great strength, gain great strength from it, by overcoming it when it happens.

The following themes discuss the hardships these couples experienced as a result of the impact of the CSA on their relationships. Despite sharing their hard times, the couples in the story shared their love and commitment to each other and expressed thankfulness that they had their partners in their lives.

Living with the Unknown

Throughout the course of the interview and data analysis process, the amount of secrecy and the extent to which the ‘unknown’ existed among the couples, particularly early on in their relationships was a surprise. There are always issues that surface later in relationships, but what struck me as particularly unique was the couples’ initial lack of awareness about the connection between the abuse and the impact of the after-effects on the intimate partner relationships.

While each couple experienced elements of the delayed impact and reaction sub-themes that merged to form the theme of *living with the unknown*, the individual experiences were unique. All three couples, particularly Natalie and Tyson and Jill and Cam, referred to the impact of *living with the unknown* earlier in their relationships particularly with regard to the sexual abuse and its after-effects.

Delayed impact. The reactions to the abuse appeared to take a while to develop and manifest; it took time for the survivors to make the connection themselves and to then share their understanding with their intimate partners. It came as a surprise when the survivors shared their childhood sexual abuse with their partners. Tyson shared his surprise at hearing of Natalie’s sexual abuse, "a lot of impacts, a lot of impacts that ah, brought a whole pile of surprises when the issues did come up after a number of years...". The second couple, Jill and Cam’s experience was similar:

I always felt there was something more there but I didn’t know what it was to the full extent, saw the after-effects like the eating disorder and stuff like that but as far as actually what had happened, it ah, never really came out fully for a while... I don’t know maybe a year or something, like there was hints of it and you know and I didn’t pry or ask too many details, so this was when we were first dating so... even the eating disorder took a while to come out and then the cause of it and why Jill felt the way she felt, I’d say a year or two after we were dating probably.

Despite the fact that each couple experienced a gradual awareness of the impact of CSA on their relationship, those who had experienced the CSA had not forgotten their experiences with CSA prior to connecting the delayed impacts (or after-effects) with the abuse.

Both Natalie and Jill expressed frustration at the impact CSA has had on their intimate partner relationships and anger at why they have to deal now with the impact of something that happened so long ago. For example, Jill stated, “I don’t know why I have to deal with this stuff

now, like I'm 36 um [pause]...why...it just doesn't seem, I don't know, I just don't understand why I have to deal with this". Similarly, Natalie explained, "the most frustrating thing for me is that somebody else messed up my life and I was the one who had to fix it". The frustration expressed by the couples highlights the long-term impact the sexual abuse has had. The sexual abuse was not an isolated incident that 'ended' with the act but rather, as Natalie articulates, it had long lasting impacts and it was someone else's actions that messed up her life. Natalie's words seem profound and speak to the extent of the delayed impacts and the far reaching effects of CSA that were deep enough to 'mess up her life' and therefore the life she shares with Tyson.

For the third couple, Darren and Catelyn, the sharing of their histories of sexual abuse was less of an issue in their relationship than it had been in their previous relationships. For this couple, the unknown quickly became the known and formed a common bond between them. As Darren shared: "when she realized I was being open about it [the sexual abuse], then she realized she could talk about it and same with me, we started and it [the relationship] just started developing more". However, Darren and Catelyn talked about their lives before they met each other and how destructive the impact of the sexual abuse had been in their previous relationships.

Despite the lack of awareness of the connection between the abuse and the after-effects, as experienced by each couple, the after-effects were still present. Some of the after-effects took longer to develop and surface than others. Some after-effects have changed with the survivors over the course of their lives. For example, Jill explained, "my eating disorder has grown with me and matured with me; it has taken on different forms". Similarly, Catelyn's use of alcohol to cope evolved to a use of drugs. Rather than turning to something like an eating disorder or substance abuse, Natalie shut everyone and everything out and became a "hermit". On the surface, the delayed impacts look very different for each couple. However, when one understands them as ways of coping with the pain of remembering and the residual impacts of the CSA, the differences among them lessen.

Reaction. Hearing about the abuse and pain of a loved one is often difficult. Catelyn shared her reaction to hearing of Darren's abuse, "it [hearing about the abuse] was kind of hard...it was hard, I knew where he was coming from, and...nobody wants to hear about their...their loved ones being abused". Hearing of the abuse brings sadness and pain, but it can also bring surprise, particularly when it becomes known after the couples have been in a

committed relationship for a number of years before revealing and discussing the experience of CSA.

Each of the couples experienced a slightly different response to hearing about their partner's abuse. Catelyn and Darren experienced sadness and anger, Darren described his reaction,

I've had a lot of family and I've had a lot of friends as well that were abused and through residential schools as well, so I, it didn't really surprise me and I knew that, you know, I, I was angry, you know, but then again I couldn't do nothing about it, but you know I was angry about it because...somebody had hurt her... but then again...I could also see that she was growing and that she was becoming more healthy and talking about it and dealing with it, and you could tell that she was getting, things were not as bad as they were.

When Natalie relayed the story of her abuse, Tyson's reaction was two-fold,

I was flipping out ...okay, that is the problem [the sexual abuse], it's named, it's solved. That is not the way it works; that is not the way it works. It is, okay, here's the problem and things are going to get a whole lot worse for, oh, quite a while...

Tyson shared the anger he experienced, "I wanted to drive off and put somebody down an outhouse somewhere". The following excerpt captured Tyson's honest anger and frustration, "well, I didn't sign up for this". Despite the surprise and the reality of life suddenly changing and taking a direction for which he was completely unprepared, Tyson continued to explain, "...but yet, yes I did [sign up for this]. I didn't know about it, but...this is still the things that I said I would support Natalie through. So there's going to be surprises...and they're not all going to be good". Tyson's initial reaction of, 'I did not sign up for this' became replaced with one of support. Tyson may not have said 'I do' to the impact of the sexual abuse, but as he continued to explain, he did say 'I do' to Natalie and was determined to support her and to walk through this journey with her, regardless of the impact the CSA had on him and their relationship.

Upon hearing the explanation behind Jill's behaviour and emotional struggles, Cam experienced a variety of emotions and reactions that continue to change with time:

It [his reaction] has changed, it's come from ignorance on my, for me, speaking for me only, it's come from ignorance to begin with, to, ahh, acceptance and thinking I knew what was going on to absolute denial and just living in a fog and ignoring it and doing

other things to occupy your time and your thoughts and...then going through an understanding phase, very compassionate and understanding to now where almost bitter for the time lost, and the power given to the eating disorder.

It was not only the partners that reacted to hearing of the abuse, but those who had experienced the abuse also reacted to their intimate partner's reactions. For example, Natalie shared, "it was so difficult for me to watch him feel so helpless". Similarly Jill shared "he's got a big load on him too...so that again affects our relationship because then I feel like a shmuck".

It appears that when the impact became too great to bear, when the survivor could no longer contain the pain and the after-effects on her own, the pain was shared, particularly for the first two couples. The knowledge of the abuse not only brought anger and sadness, but also provided relief to the partners, as there was now a possible explanation for what they had been experiencing. Cam explained how the possible explanation impacted him:

well for me, it was understanding why because I guess it was the eating disorder that came up first and then it was finally understanding why Jill suffered from that, so I mean, to some extent I felt relieved...because there was a reason, it wasn't just because and there was a reason...

For the couples, an understanding of what was happening for their partners provided relief; however, as Tyson explained, that understanding was not enough to prepare them for what was to come, "anything can happen...the world is turned upside down". Their lives became unpredictable.

Among the theme of *living with the unknown* was an inkling that something was not quite right with their relationships. As the unknown became the known, Tyson's words reveal the impact on the couples' relationships: "things are going to get a whole lot worse for, oh, quite a while...".

(Barely) Surviving

These couples appeared to be surviving an extreme test of their relationships. As the couples relayed their journeys, it seemed as though at times throughout their relationship, they were only *surviving...barely*. For example, Natalie relates, "we had a mutual meltdown for a while and just sort of managed to be a complete human being together". The participants described the impact of CSA on their relationships as vast and far reaching. Natalie explained her understanding of how the experience of trauma impacts intimate partner relationships,

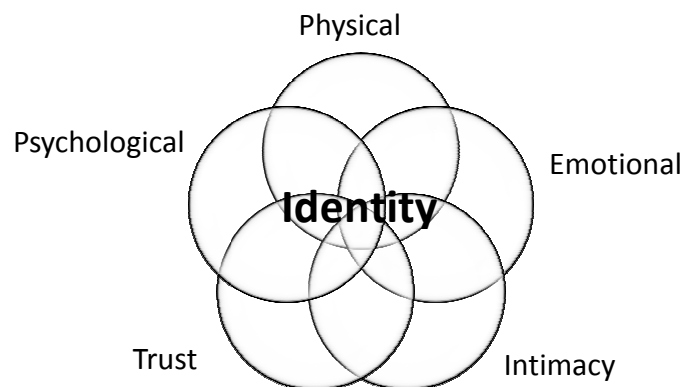
“any kind of trauma or drastic change to a relationship does put it at risk; death, having children, abuse, dealing with the [sexual] abuse, all of those things are traumatic to a relationship”.

I struggled to represent the sub-themes separately when they were so intertwined. Natalie provided a poignant summary of the breadth of the impact of CSA on her sense of self and self-in-relationship:

So it didn't just impact my relationship with Tyson. It impacted my relationship with everything, um my position in the world, my um, my confidence in myself my thoughts of... like self worth, self esteem, all of that wasn't just impacted, it was devastated.

As illustrated by Natalie, all areas of her life were impacted. It is difficult to discuss the cognitive impacts without discussing the emotional impact. Similarly, it is difficult to discuss the impact of CSA on intimacy and trust without also mentioning the psychological impacts. It became apparent that discussing the impacts of CSA without acknowledging the subsequent impact on the participant couples' identity would be negligent. Figure 4-2 represents the interconnectedness of the sub-themes and portrays the complexity that examining them in isolation created.

Figure 4 - 2 (Barely) Surviving: Inter-Related Sub-Themes



The following attempts to isolate the sub-themes for the sake of relating the findings of how each relationship has been impacted in these areas.

Identity. The sub-theme of identity emerged from the interviews in two forms; one, a focus on the impact of CSA on individual identity; and two, a focus on the impact of CSA on the couple identity. The couples shared how the previously discussed sequelae of CSA influenced

and shaped them into the people they are and the relationships they share. For example, Natalie stated, “all of that [her stress, her reactions to the CSA, her loss of weight during pregnancy] was rolled into the sexual abuse because it made me who I was, what my character was, how I dealt with, coped with stress”. The following will discuss how individual identity issues contributed to relational difficulties as well as the struggle to form an identity as a couple.

As the data analysis progressed, it became apparent that each couple was struggling or had struggled with developing an identity as a couple. It appeared to be difficult for those participants who had been sexually abused to determine their personal identity, to understand themselves, and to communicate who they were to their intimate partners. The participants described how their experiences with CSA left them with feelings of inadequacy and caused them to question who they were and their worth as people. Natalie described her continual struggle with self-worth “...intellectually I can, I know that I am a person of worth and that um, I have enormous gifts to share with the world, but that’s here [points to head]; here [points to heart] there’s always that doubt”. From the stories they shared, it seems as though the participants assumed an identity of shame and of fault even though the fault was not theirs. Jill indicated she felt dirty, guilty, and ashamed; for example, she stated:

I feel like it’s, you know and um [pause] just the whole feeling of just keeping it, everything quiet and not causing problems for everyone else and meanwhile the crap and the guilt and the shame and the anger is all on me and I just feel sometimes like I want to blow up.

The identities of those participants who had experienced CSA appeared to be based on these feelings of inadequacy, shame, and guilt. These identities entered the relationship and impeded the couples’ relationship identity. Subsequently, this had implications for their relationships and their ability to move forward to form an identity as a couple. The following expresses Cam’s frustration with their inability to move towards growth in their relationship:

It has affected the way our relationship has grown because it has kept us apart and brought us together in the victories, but for sure kept us apart too; that’s a big part, it’s kept us apart...from going in whatever direction it’s going to go. I just feel that we have spent a lot of time on it [the eating disorder].

Each couple had a slightly different struggle and despite that the impact of the abuse has lessened over the years; it remains a part of each relationship. For example, Natalie shared, “the impacts

are, they don't go away and in a lot of ways that is something that Tyson has had to adapt to". Not only do the impacts of the CSA not go away, but they caused changes in those who experienced the CSA. Natalie explained the following: "the impact of dealing with sexual abuse drastically changes how that person functions, not just through the crisis time when their dealing with the difficulties but what comes out afterward is a different person".

Both Natalie and Darren spoke of struggling with their sexual identity and coming to terms with who they were as individuals and the impact their sexual identity had on their relationship. Darren believed he questioned his sexual identity because his abuser was a male. He stated, "for years and years I dealt with my sexuality not knowing, you know, why it happened and maybe, you know, you're trapped in always, you know". However, after years of questioning, he came to terms with his sexuality, "I'm not gay because somebody who was gay bothered me as a child. He did wrong, I, I'm, I'm okay, you know".

Natalie has had a similar struggle; however, hers was against her sexuality; she shared the following: "I never thought that there could be anything different than the heterosexual thing; that never occurred to me...It came as a surprise...trying to figure out what was going on...as I learned more about myself, I learned who I was". Natalie initially identified herself as lesbian, but later identified herself as asexual. With these realizations came significant implications for Tyson and their relationship. Tyson had not identified as asexual; Natalie stated, "that [sex drive, sexual intimacy] in itself is a significant portion...of marriage relationship". As a result they adapted to allow Tyson to experience the sexual intimacy he needed in order to sustain their relationship. This caused Tyson to develop a new identity as he discovered his ability to engage in polyamory, meaning engaging in multiple romantic or sexual relationships at the same time (World Reference Online Dictionary, 2010). Natalie shared, "...everything has changed, our expectations of the relationship has changed, his realization of polyamory, in the relationship, like I always knew that he loved lots of people, so it's his big heart, but it's a different kind of big heart...so much has changed but that one connection [their emotional connection]...the only thing with that that's changed is that it has become stronger and more mature...".

While Jill did not question her sexual identity, she did struggle with identifying herself outside of her eating disorder. Jill stated, "...for my identity personally, I, I identify myself as my eating disorder...that's...the way I... identify me and, and so I ah, need to have another identity". The following articulates Cam's ability to see Jill as separate from her eating disorder:

So that really affects my, the trust I have, but I try to keep it separate, same thing I can hate the eating disorder but I don't hate Jill, I love Jill. So it's just, sometimes that boundary gets pretty cloudy and it comes out as bad...But because we have been dealing with the eating disorder I can somehow separate the two and that's just how I feel and how I can keep going I have to do it that way, I have no other choice, I'd have to hate her and I can't do that so I can hate the eating disorder...it's the eating disorder and Jill, to me they are separate but it's, it's [the eating disorder] there to put up a road block.

Cam's excerpt provides an indication of the strength of the impact Jill's eating disorder has had on their relationship. Cam spoke of having a relationship with both the eating disorder and Jill. He spoke of his love for Jill, and indicated the state of his relationship with the eating disorder in the following: "and I don't have a good relationship with the eating disorder". Even though Jill is unable to identify herself outside of her eating disorder, Cam was able to see Jill as separate from her eating disorder. However, as Cam indicated, the boundary between the two could get pretty cloudy. Because of the impact of the eating disorder, that they believe to be a direct result of the CSA, Cam and Jill feel as though their relationship is stuck and that they are unable to move forward, and develop a couple identity. Cam stated,

I find it tough for us to grow too as a couple I had always envisioned...you know you have situations happen, you deal with it, [situations or challenges] you grow together, you learn from it [the challenges], and you move on but we seem to be stuck in this loop that we can't seem to grow forward...it's hard to feel like...we overcame that, or accomplished that or did that we don't, we can't seem to put it behind us...we can't accomplish something and move on and then use that experience to go further with something else.

An additional struggle experienced by Cam and Natalie was their response to the sexual abuse with regards to the identity and role they each wanted to assume. Cam shared that his innate response was to assume the identity of rescuer. He stated, "it brought up the whole defend my family, ahh, get vengeance for my wife's issues, um and they still come up now and then because it's [pause] I don't have any resolution around her abusers". Both Cam and Natalie wanted Cam to assume the role of a knight on a white horse and for him to come and rescue Natalie. Natalie shared her desire to be rescued, "I wanted the white knight, he wanted to be the white knight but

it didn't work". They learned throughout the process of Natalie's healing journey that Cam's identity was not to be found in a role of 'rescuer' or 'healer' but of supporter. Cam shared,

I definitely don't have a white horse, I've learned that you can't. There is no knight in shining armour that... [pause] you can't, for me that's a hard one, cuz I think I have a bit of a saviour complex...

Wanting to assume the identity of 'rescued', Natalie found it very difficult that Cam could not be that for her. She shared:

Knowing that he couldn't do it was incredibly difficult for a while for me because I desperately wanted someone to fix it for me and, and make it go away and he couldn't do it and it frustrated him that he couldn't help in that way.

Cam shared how moving beyond the identity of 'rescuer' and 'healer' and acknowledging that it was not his role was an amazing thing for him to overcome: "I was always somebody that could be talked to and would be available so getting over that white knight thing was kind of an amazing thing". The manner in which he spoke of Natalie's healing journey and his subsequent role within that was indicative of the growth and change he experienced as well. For example, he shared,

All I could do was listen and hold you when you needed it and give you your space when you needed it, like that, taking cues from here. That was I guess, if I, what I have had to tell people. What do you do? You take your cues from them and I guess that is the key to counselling too. You've got to remember...you can't heal anybody, you can just guide them to healing themselves and in the case of somebody you're intimate with and you live with you can't even really guide much; you let other people do the guiding.

Psychological impacts. All three couples described the psychological impacts the CSA has had on their relationships. The psychological impact of CSA was so great for Natalie that she ceased being able to function in day-to-day life; she describes what she referred to as a 'breakdown':

I guess in essence it was what you call, they used to call it breakdowns, what do they call it now? Well whatever they call it now, it was a complete and total mental and psychological collapse for me. Um, I didn't leave the house on my own very much,

um, I didn't leave the house if I could avoid it; like I said I didn't get the mail, I didn't answer phones, I stopped going out, I dropped friends.

Natalie's breakdown had immense impact on their relationship; she was unable to participate in life for a period of time. This left Tyson to manage the household and care for both their child and Natalie. Natalie explained the role Tyson played during this period of their lives:

For a long time I was doing intensive therapy and working at, working with [community agency] on myself for 9 years, 8-9 years and during that time he did most of the bill paying, most of the interacting with the outside world.

Although Tyson was experiencing some of his own mental health issues, the impact of Natalie's breakdown contributed to his struggle as well. Natalie describes the extent of the psychological impacts the CSA had on their relationship. "We had a mutual meltdown for a while and just sort of managed to be a complete human being together...where the other one couldn't, the other one pushed to pick up the load". Tyson agreed with Natalie and ended her sentence with the following, "...or else we did together what we couldn't do individually."

As discussed in chapter two, trauma can impede one's memory. In Jill and Cam's relationship, Jill explained the difficulty she had with her memory: "I'm having a hard time kinda trying to remember...what I'm trying to do now is come to terms with what's happened and stuff and I find that as I've gotten older, it's gotten harder [to come to terms with the CSA]". As Jill worked through the trauma and the memories of her experiences of sexual abuse, new memories continued to surface. Jill explained her memories of the sexual abuse were difficult to control and cope with, "I try not to think about it, I try not to live in the past, but the thing is that I dream about it, once a week usually, sometimes more and when I wake up the next morning, I, I'm just in a different place and it's just a bad day". Cam noted how Jill's memories have impacted their relationship: "that leads to how it affects our relationship...it's the distance we have between us in our relationship cuz for that reason, Jill is preoccupied with and constantly thinking about [the abuse], so, it's, it's tough that way". For these couples the repercussions of the sexual abuse were varied and impacted all aspects of their relationship, their intimacy, and their trust. Darren and Catelyn also struggled with painful memories of their sexual abuse and both turned to alcohol as an escape. Darren explained, "when I was drinking I didn't have to remember".

One of the most implicitly (and at times explicitly) referenced impacts the sexual abuse had on their relationships was the toll that it had taken on their emotions. Jill explained her frequently changing moods:

So I'm just trying to work through the way I feel about [the sexual abuse], that, and I find that it's really hard on my moods. I get pretty...I can be really angry and really mad and then I just I'm upset about it and everything.

Anger was expressed by all three couples; anger towards life in general, anger towards the abuse, and towards the perpetrators. Anger as an emotion can evoke many responses. Catelyn spoke about the anger she identified in Darren when they first met and how it evoked the emotion of fear for her, "could tell he had a lot of anger in him when I first met him...it was kinda, for me that was kinda scary at first". Anger was not only expressed in the participants' words but also in their tone. For example, in speaking of her abuser, anger was apparent in Jill's words and tone:

His name is Adam, starts a with an 'a' which would be the same as A**hole, pardon me. So I haven't seen him for, for a few years now, um and so I'm hoping that at some point I will actually see him and then I can, you know... just see in his face.

The participants, particularly Jill and Natalie, also expressed anger that they had to deal with pain that was a result of someone else's actions, anger at themselves, anger at the time lost, and anger at the power the impact that CSA has had over their lives. Jill stated,

I've lost all this time and now I want that time back and I want to do it on my terms and it's hard because I can't change how long it's been and stuff and everything and as you get older you realize it's too short.

Despite the fact that the abuse was not their fault, the participants expressed feelings of shame and described how the abuse altered how they felt about themselves. For example, Jill explained, "The moods and stuff and all that doesn't help the relationship because you know it...just kinda hits in a way and makes me feel differently about myself, like I don't feel good about myself; I feel ashamed". Shame influenced how the women (and Darren) felt about themselves and created a strain on their relationships.

Natalie and Tyson shared an analogy of their opinion of what can go wrong in the emotional aspect of relationships. Natalie described relationships as an "emotional connection" and provided the following analogy: "the emotional connection is what that wire is to that lamp

[pointing to a lamp in the interview room], it's the underpinnings of everything for me". Tyson continued her thought and described how the power between them, the strength of their relationship, existed in their emotional connection. The discussion that ensued provided vivid imagery of how relationships can be impacted by life circumstances. For example, the life circumstance of the after-effects of CSA; some relationships manage to weather the electrical storm and others do not. Tyson offered the following explanation as he continued with his analogy: "in some cases... in the relationships that break down one way or another, um, the wires get screwed up and there are short circuits...there's sparks flying and hatred; others, the wires will thin out and there isn't enough of a connection to be the strong life partners...". However, in their relationship, as Natalie describes, she and Tyson found each other to be the support they needed, "...we're both power source and lamp because, you know, we power each other. When one's down...the other does their best to send juice the other way".

For the couples, all other after-effect/impacts that were experienced (those previously discussed and those not yet discussed) played on their emotions. It was difficult to separate the other impacts and discuss them outside of emotion. For example, the lack of interest and difficulty that was expressed with regards to sexual intimacy brought on further feelings of guilt and self-anger at not being able to meet their intimate partners' desires.

Physical impact. The couple with the most obvious physical impact of CSA on their relationship was Jill and Cam. Jill's struggle with her eating disorder has severely compromised her health to the point where she, as previously mentioned, has been hospitalized twice, soon to be a third time. The following explained the severity of the impact Jill's eating disorder has had on her health: "I have to get better or...the doctor said he's worried that, you know, if it doesn't get better that...I'll be, I won't be around in too, too long. So we're going to get better". Jill discussed how the impact on her health has reduced her ability to work:

I've been off work now, it's going on, it'll be two years in February cuz I had gotten to a physical state where I was too exhausted and but, it's been a matter of going, doing the mental things that I'm working on and trying to come to terms with things and deal with it so I find that's hard because I'm constantly feeling bad that I'm off work.

This excerpt provides an example of the interconnectedness of these sub-themes. For example, Jill was unable to work due to her compromised physical health resulting from her eating

disorder which impacted them financially. This led to Jill's feeling badly about herself, which then impacted her relationship with Cam as a result of the guilt she experienced for not being able to work. Their relationship has been further impacted by the uncertainty as to whether or not they would be able to have children due to Jill's health. Jill explained, "I never knew if I was going to be able to have children and stuff and um I can't imagine not having her and she's um well she's us".

While not to the same extent as Jill, both Natalie and Catelyn were impacted physically as a result of their sexual abuse, which in turn impacted their relationships. Natalie shared the extreme stress she experienced in her body as a result of the impact of the CSA and how it caused her to 'shut-down' and left Tyson to cope with the outside world. The following excerpts indicated how the stress impacted her health during her pregnancy:

Stress immediately affects itself in my digestive system...so when [child] was born and after I lost all that hormone...water, I was 30 pounds lighter than my pre-pregnant weight..that's a lot of weight to lose, I mean most women are supposed to gain that weight.

Natalie indicated that her body carried stress in her digestive system. During her pregnancy, she experienced morning sickness but she attributed the extent of her inability to keep food down to the high levels of stress she was experiencing.

Catelyn experienced physical harm in the form of over 12 years of alcohol abuse as well as her drug use. While she did not articulate the extent of the damage, being physically dependent on drugs and alcohol in order to function does not contribute positively to one's physical well-being. Catelyn explained the reason behind her drug use, "when we first...met, I, I was into the drugs quite a bit cuz...when I was growing up and I got raped from my uncle". The impact of using drugs and alcohol on one's intimate partner can be very damaging, as Darren stated,

If we didn't have it [healing] before we got together we would have been trying to get through our healing journeys and being together and it wouldn't have worked. It would have been the same as all of our other relationships, I'm sure.

Issues of trust and intimacy were consistent among all three couples. However, due to the manner in which each couple experienced the trust and intimacy, it was impossible to categorize them under the same theme. Couples one and two experienced an impact in the areas of trust and

intimacy. The third couple, Darren and Catelyn, also spoke of trust and sexual intimacy; however, in the context of their relationship trust and intimacy had been such a positive, life-giving experience and therefore, could not be merged with the theme of *(barely) surviving*. Rather, they fit with the patterns emerging under the theme of *commitment*.

Trust. Trust is vital in a relationship and without trust, it can be difficult if not impossible for couples to grow closer together. As Cam discussed,

So as far as the trust issues, which I mean is a killer in a relationship... I don't feel as close when I can't trust her about that [the eating disorder], like I just don't have that connection and the longer is, more and more as time goes on, it just diminishes and it's less and less and it just seems like I need more and more shown to me to prove that it's [the eating disorder] getting better.

As revealed through the participants' experiences, CSA can damage intimate relationships. This is particularly the case when the abuse is perpetrated by someone in one's family or with whom they are purported to be in intimate or close relationship. The abuse was perpetrated by family members for all the survivors who participated in the study, people who, as Darren explained in the following excerpt, are supposed to be there for you and protect you: Darren stated, "someone who's supposed to be there for ya 110 per cent, like your mom, and then putting you on the back burner for the man who is doing the abuse and then still being with that person knowing full well...". This generated feelings of anger and ultimately betrayal.

For Natalie, her abuser was also a family member, which caused distrust in Natalie that created tension in her relationship with Tyson: "the pain of, of identifying that things were not ah as they should have been in a family, they um, and that opened a lot of distrust in general and suspicion that within our relationship there was going to be ah...betrayal".

The CSA's impact on trust in Jill and Cam's relationship was two-fold. First, similar to the other two women, Jill had a distrust (and fear) of others, particularly of men for a period of her life. Second, the secrecy around the CSA and the eating disorder caused Cam to struggle with trusting Jill. In the following excerpt Cam indicates that trust was difficult in their relationship:

It took us a long time to develop the trust thing in our relationship, ah [inaudible] because of all the secrets involved with the abuse... so it was hard to get the trust sort of both ways, cuz I always felt there was something more there but I didn't know what it was to the full extent, saw the after-effects like the eating disorder.

According to Jill and Cam, the main impact of the CSA on their relationship has been Jill's eating disorder. As a result, the focus of Jill and Cam's discussion regardless of whether they were discussing communication, trust, or intimacy was continually filtered through Jill's eating disorder. In the following excerpt Cam describes how Jill's struggle with her eating disorder caused him to distrust her:

Well me for trust, it's gotten to the point, where [pause] cuz for all the loop we're in and I just keep seeing the same things happening over and over again, I don't really trust Jill...when it comes to anything to do with the eating disorder and I've told her that and I'm, she had mentioned before she feels like she has to prove herself and I'm at that stage if something happens once then that's great, but I mean it has to be on a consistent basis before I accept the fact that it's actually changed cuz I've heard stuff several times, lots of times and it just doesn't hold true.

As a result of their struggle with trust, it has been difficult for them to grow closer and move forward together as a couple.

Intimacy. It appears that the difficulty these couples had with trust may have led to or compounded the problems with intimacy in their relationship. For the women, the experienced impact of the CSA on intimacy seemed profound; it stemmed from sexual intimacy, to both physical and emotional intimacy. Closeness was something Jill and Natalie found very complex and was something that Catelyn had learned to experience in her relationship with Darren. Cam described the length of time it took for them to feel comfortable with each other:

I guess, the trust, Jill was always ah, cautious I guess or I felt untrustworthy [untrusting]. Anyway, it took a long time for us to become completely at ease with each other and even that goes back and forth the odd time too, even to this day.

According to Natalie and Tyson and Cam and Jill, the sexual abuse had a profound impact on their sexual intimacy. For example, Natalie shared, "...what the sexual abuse did is that it put my entire sexual being, my entire concept of a sexual self, totally on ice". For both couples, sexual intimacy was a struggle and as Natalie explained, a topic that both women wanted to avoid, "... [sex] was a huge struggle cuz he didn't want to ask cuz he'd get shot down and I didn't want to be asked cuz I'd shoot him down...but that was a difficult time". Similarly, Jill described sex as a 'touchy' subject, "yeah and it would be kind of like a touchy subject, you know what I mean...I just didn't want to go there really at all...".

These two women, particularly Jill, spoke of the emotions associated with sex; shame, guilt, and feeling dirty. Jill stated,

It just [pause], it just affects my confidence; sometimes I'm, not afraid, but if I enjoy being intimate, I, I enjoy it much more than I really ever have but then afterwards I feel like I shouldn't or I feel like I'm embarrassed, you know...then when I do let myself just go and then there are the after-effects thing [feeling dirty, guilty and embarrassed].

For these women, sex is a complicated issue. They struggled with emotions stemming from the CSA, such as guilt and shame but also, they experienced guilt as a result of their perception of not being able to fulfill their intimate partner's sexual needs and desires. Jill states:

I'm just okay with going on with life without you know being intimate all the time and then I feel bad about that because, I don't, you know, he gets the short end of the stick sometimes... when I feel like he's um, missing out on stuff...I don't like being selfish like that.

Cam talked about wanting "...that feeling of closeness" and how for him sex is more than just the physical act of intercourse:

That's the whole intimacy thing, too; it just seems to me that the before, the during, and after, I mean it's time alone, it's time together, it's time; it's just time for us is what it is, it's, there's no big [inaudible], I mean it's just us and that to me seems to be an important part of a relationship is that time spent together.

It is not only the sexual intimacy that was a struggle for these couples, but also other aspects of closeness. For example, Natalie explained, "even the cuddly stuff part of a marriage, part of a relationship isn't that easy for me and isn't that frequent". Stemming beyond physical intimacy, sex and cuddling, etc., emotional intimacy is also something that has been impacted by the sexual abuse. Natalie clarifies:

The impacts, I mean, realizing them, um, it impacted my ability to be intimate with people and not just physically intimate but emotionally intimate. I'm not except with Tyson. I don't have good friends, I don't have friends. My social circle is him and ah so because I, I don't know how, I don't know how to be a friend because I didn't know how to be me.

Despite all the negative emotions and thoughts around intimacy, these women have sustained relationships. This speaks to their courage and perhaps their underlying need to be loved in their intimate relationships, despite the abuse they suffered.

Discomfort with regards to intimacy led to isolation, particularly for Natalie and Jill. They both expressed the desire to be left alone. Natalie, not only wished to be alone, but also had difficulty leaving their home. For Tyson, who described himself as an extrovert who enjoys the company of others, this created a difficult tension. This was not initially the case in their relationship, but the need for aloneness was generated while Natalie was undergoing therapy and treatment. For example, Tyson explained, "treating and coming to terms with the trauma of abuse opened up a lot of sore points in Natalie's life um, created someone that was openly a hermit".

A relationship is comprised of two individuals and when one member of that dyad wishes to be left alone, it impacts the intimacy between them. Jill expressed how her desire to be alone has impacted their relationship, "so affecting us, while [pause] well...lots of times I just want to be left alone, you know...I kinda feel like I'm in a box and I just wanna be left alone, so that makes it hard". Jill also shared that "when you feel like, when you're in your own little isolation spot you feel like you don't want to be close with anybody and so it's just trying to break that barrier down". The desire to be alone and away from one's partner impacts the desire for intimacy and closeness the partnership experiences.

Commitment

Despite the hardships these couples' have endured, they have a commitment to staying together; for example, Cam discussed the commitment he made to Jill, "I'm there because I made a commitment to her on our wedding day that's for sure and that's, so I'd like to continue and do that you know, I made that commitment". It is not only to staying together that the couples are committed, but also to supporting each other and to healing both the individual and the relationship, despite the challenges.

Togetherness. While at times the impact of the abuse was divisive, it has also brought these couples closer together. Jill shared, "we've become closer and stuff and everything through the years". When asked what the greatest impact had been on their relationship, Cam had several responses:

One would be how it's torn us apart... would probably be greatest thing, not great as in a good sense, but I mean the greatest thing is the aggravation it has caused us, I mean just the, our lack of um, communication and everything; it's really come between us. However, this was not Cam's first response, rather it was, "the fact that we have overcome as much as we have, I mean that would be to me the greatest impact".

According to Natalie and Tyson the reason they have been able to stay together is because they wanted to be together. Tyson shared:

Whether the relationship works or not is entirely upon, I think in some ways, how much the people in the relationship want it to work. We wanted our relationship to work; we work well together, we knew we worked well together, um, we loved each other.

They did not see an option for handling their relationship any other way than being together; Natalie stated: "I don't think either of us would have been able to make it through as well as we have without each other". Tyson also discussed their friendship and desire to be together in the following excerpt: "we're the best friends we can possibly have in this life".

Darren and Catelyn spoke several times about how their previous relationships had been negatively impacted by the unresolved pain and anger stemming from their sexual abuse. However, they both feel that their individual healing journeys have enabled them to have the relationship they have today and to be able to experience togetherness. Catelyn spoke of how being with Darren has helped and changed her life, "getting stronger in each other and our, the relationship, and talking about the past and everything like that, it helped a lot".

As discussed under the theme of *(barely) surviving*, Natalie and Tyson and Jill and Cam struggled with trust and intimacy. Darren and Catelyn also spoke of trust and intimacy; however, they felt their relationship was strengthened because of the trust they have in each other and because of the intimacy they share. Catelyn and Darren indicated that their open communication and the time they each took to experience healing from their experiences of CSA and contributed to a strong relationship that continues to grow. Darren stated, "our relationship is blooming and growing all the time". With regards to sexual intimacy and closeness, Catelyn spoke very candidly about the healthy state of their relationship, "our togetherness, with our lovemaking and everything there's nothing, no tension or anything".

They took their time getting to know each other and with that grew a trust in their relationship: “The trust is the biggest thing”. For them the openness about their experiences with sexual abuse has provided a common bond and a trust that their relationship is a safe place, not just to talk about the abuse, but anything that might be bothering them. According to Darren,

Yeah [inaudible] and trust, there’s the trust factor there, and I know I can trust her and can share these things [associated with the abuse], you know and being able to do that is more than anybody can ask for is trust and sharing.

Support. The couples spoke of mutual support and from this emerged the sub-theme of a commitment to supporting one another. For example, Tyson shared, “we seem to fit together and get along well and been mutually supportive, incredibly well, I think”. The impact on their relationships could have turned out very differently had the partners given in to frustration, anger, and hurt as a result of dealing with the many impacts of the sexual abuse. The commitment to support was not always easy. Tyson provided an analogy of what supporting a CSA survivor looked like for him: “You just sort of [sigh] help them stay on the horse and keep running around the a** end and getting s*** on and hold them up as they try to fall off”. Tyson paralleled his struggle in continuing to be a support to Natalie with that of continually putting oneself in a position to be s*** on. While a more metaphoric representation of the impact, he provided a vivid portrayal of the reality of the impact of sexual abuse. The excerpt below from Natalie illustrates the extent of the difficulty they experienced:

...I no longer identify myself as a survivor because that is all I was doing, plodding along trying to make sure I didn't kill myself that day but ah, I've moved past that....so Tyson was a big support with that.

Natalie expressed her gratitude for Tyson’s continued support: “It’s been an incredible ride. I couldn’t have gotten through it, any of it, without the support that I got from him”.

For Catelyn and Darren, the mutual support was experienced in a different manner due to their shared history of child sexual abuse. As a result, mutual support in their relationship meant something different than for the other two couples. They each know where their partner is coming from; they understand. Darren shared:

That’s the biggest part of our relationship, is I’ve never had before with other relationships is that, you know, we’ve both been through a lot of the same stuff and

we're able to talk um, about it you, know. We just share with each other. We're not embarrassed to talk to each other or to tell each other about it; we've both been there.

Summary

This chapter explores the experiences of three couples in which at least one partner has experienced CSA. According to the theoretical underpinnings that inform IPA, it is possible to learn about a phenomenon, such as the impact of CSA on intimate relationships, by exploring the lives of individuals who have had direct contact with that phenomenon. The participant couples' shared experiences merged to form the following themes: *hope and healing: past yet present*, *healed yet healing*, *living with the unknown*, *(barely) surviving*, and *commitment*. The theme, *hope and healing: past yet present*, *healed yet healing*, was woven throughout the other themes. In terms of *living with the unknown*, the participants shared the uncertainty they experienced prior to making the connection between the difficulties they were experiencing in their intimate partner relationships and the CSA. From the experiences the couples shared, it appeared as though at times they were *(barely) surviving*. The couples also discussed the extent of the impact the CSA had on their identity, psychological functioning, as well as on the trust and intimacy they experienced in their intimate partner relationships. Despite the hardships the participant couples experienced, they also spoke of a deep level of commitment to staying together and to supporting each other.

CHAPTER FIVE

DISCUSSION

The purpose of this research was to explore the impact of CSA on intimate partner relationships. The following chapter will provide a brief summary of the findings and integrate them with current literature. The strengths and weaknesses of this study, followed by implications for counselling and suggestions for future research will also be discussed.

The literature has noted a lack of exploration of intimate relationships from the perspective of both members of the dyad when one partner has experienced CSA (DiLillo & Long, 1999; Houg, 2008; Wiersma, 2003). Therefore, the purpose of the study was to illuminate the experienced impact of CSA within the context of relationships from the perspectives of both survivors and their partners. Drawing from the experience of the couples, particularly the first two couples with the longest term unions, it is evident that they feel the impact of CSA on their relationships has been monumental. A theme woven throughout the interviews was *hope and healing: past yet present, healed, yet healing*. In the second theme, *living with the unknown*, the participants described periods of time in their relationships during which they were unaware of their partners' previous history of CSA. The third theme that emerged from the participants' transcripts was *(barely) surviving*. Under this theme, the participants described the experienced impact on their relationship in a manner consistent with previous findings. Consistent with previous research (Briere, 1992; Bass & Davis, 2002; Briere & Elliott, 2003; DiLillo & Long, 1999; DiLillo, 2001) the results of this study also suggest that couples in which one or more partners have experienced sexual abuse struggle in the areas of intimacy, and trust. A fourth theme, *commitment*, emerged as the participants described their commitment to their relationships, specifically in terms of togetherness and to supporting each other. The following examines the findings and places them within the wider context of the literature and provides a discussion of the process and experience of conducting the research.

Hope and Healing: Past yet Present, Healed yet Healing

The theme of *hope and healing: past yet present, healed yet healing* was particularly interesting to me as much of the literature discusses the impact of CSA in a negative light. While the impacts of CSA can be mostly negative, it was interesting to examine how the participants in this study maintained the hope of healing in their relationship.

The couples spoke of healing in two forms, the first being something they had all worked or were working towards and something that could be achieved. Second, healing was spoken of as something that would continually elude them; even though the participants may have experienced some aspects of healing, they were hesitant to state that the after-effects of the CSA would permanently go away. Rather it was acknowledged the CSA and its after-effects would always be a part of them, always be a part of their relationship.

At times during the interviews it felt as though I was hearing a linear progression of the participants' experience of CSA on their relationship over time, small healing steps along the way that slowly led to a healed self and therefore relationship. However, as the interviews progressed and the second interviews were completed it became clear that this was not the case. Initially, I noted the following different stages in a healing journey that the couples all appeared to be on: first, Natalie and Tyson spoke of the impacts of CSA on their relationship in the past tense and how their relationship had been sustained over the past 25 years; second, while Jill and Cam discussed how their relationship had improved, they mostly described the impacts in the present tense, suggesting they were still experiencing the majority of them; lastly, Catelyn and Darren, described the healing they felt they had achieved prior to their relationship. If we examine the couples along a continuum, the furthest along a healing journey might be Catelyn and Darren, coming along not too far behind we might see Natalie and Tyson, with Jill and Cam in the distance, still in a phase of their relationship they describe as moving towards healing.

Living with the Unknown

The couples discussed the impact of *living with the unknown* on their relationships; sub-themes under this theme were delayed impact and reaction. Consistent with previous findings (Bacon & Lein, 1996), a delayed impact was noted in the relationships due to the CSA not being disclosed for up to several years. Bacon and Lein (1996) examined the experiences of men whose partners had experienced CSA. The participants in the study described their relationships as unpredictable and noted a delayed reaction to the impact of the CSA. When the history of CSA was shared, the partners expressed emotions of relief and anger along with understanding; they were relieved there was an explanation that provided them with understanding for their partners' behaviours and reactions (Bacon & Lein, 1996).

Aspects of the process of the unknown becoming known in the participants' relationships were described as positive. The safety the survivors of CSA felt and the support they received

during their disclosure process had a positive impact on their intimate partner relationships. The understanding and support provided by their partners enabled their relationships to move forward. A study conducted by Castillo and O'Dougherty-Wright (2009) examined the experiences of seven adult women who disclosed their history of CSA to their intimate partners. Interpretative phenomenological analysis was used to examine the interview transcripts. Similar to the findings of the current study, the participants in Castillo and O'Dougherty-Wright's study did not immediately disclose their history of CSA to their intimate partners. They waited, some for a few years until they felt ready to share, and for most of them the experience of disclosure was negative. While the participants in the current study did not focus explicitly on the disclosure process, the findings suggest disclosure after a period of time brought feelings of relief, understanding, and outrage towards the perpetrators. Those women in Castillo and O'Dougherty-Wright's (2009) study who did have a positive experience with disclosure to an intimate partner found their the partners to be understanding and supportive and in that context, "disclosure was experienced as uniquely transformative in helping them make sense of their past abuse" (Castillo & O'Dougherty-Wright, 2009, p. 399). The support the participants of the current study received after sharing their history of CSA may have contributed positively to their healing from the impact of the CSA.

Despite the primarily positive experiences described by the participant couples, the experience of the unknown becoming known was also described as a confusing time, filled with uncertainty, and the slow realization that there would not be a quick resolution to the impact of the CSA.

(Barely) Surviving

As the couples discussed periods of their lives that were impacted by sequelae they associate with the CSA, they described feelings of immobilization; an inability to move forward and an inability to cope with the rest of life outside of the impact of the CSA. Consistent with the literature, the couples in this study experienced psychological impacts and struggles with intimacy, trust, and relationship identity (Briere, 1992; Rumstein-McKean & Hunsley, 2001; Sanderson, 2006). Further, the assumptions in the literature regarding the relational difficulties, the negative impacts on the partners, the increased reports of separation and divorce as well as the sexual dysfunction experienced by survivors of CSA and their partners (Rumstein-McKean & Hunsley, 2001) were supported to an extent. The assumptions supported in the current study

were the relational difficulties, the negative impacts on the partner and sexual dysfunction. While the couples had similar experiences, the impact of the CSA on the relationships was experienced differently among the couples in the current study. This point is clearly illustrated by the very different issues each couple dealt with. For Natalie and Tyson the experienced impact of the CSA, among many other psychological impacts, was Natalie's mental breakdown. Cam and Jill experienced the after-effects of CSA in the form of a 17-year long eating disorder, again among other impacts. Lastly, Darren and Catelyn both turned to alcohol to cover the pain of their sexual abuse. Despite the differences across the couples, they all attribute the issues dealt with in their relationship as after-effects of the sexual abuse. To say that each couple only experienced this one major impact would minimize the other difficulties they have experienced in their relationships.

To help understand the impact CSA has had on the couples' relationships, I will briefly discuss a model offered by Briere (1992) that provides an explanation of the association between CSA sequelae and interpersonal relationships. According to Briere (1992) the long-term implications of CSA are frequently experienced in three stages. Stage one can involve post-traumatic stress disorder (PTSD; American Psychiatric Association, *DSM-IV-TR*, 2001), disruption in the normal stages of development, and distortions in affect and cognitions (Briere, 1992). The distorted affect and cognitions may include "distrusting others, anger and fear of those with greater power, low self-esteem and ambivalence about interpersonal closeness and concerns about abandonment" (Davis & Petretic-Jackson, 2000, p. 297). It appears that the participants in the study who had experienced CSA also experienced many of these distorted cognitions and emotions. In stage two, the child accommodates to the abuse by developing coping behaviours, such as "avoidance, passivity, and sexualisation" (Davis & Petretic-Jackson, 2000, p. 297) that decrease the pain and increase feelings of safety during the abuse (Briere, 1992). Those who experienced CSA, particularly Jill and Natalie, spoke of avoidance and a longing for isolation; Catelyn and Darren spoke of avoiding their pain by using alcohol. The last stage involves long-term elaboration and secondary accommodation in which the survivor's initial reactions, adjustments, and coping responses to the trauma impact their psychological development and functioning later in life (Briere, 1992). It is important to note that some of the adjustments and coping mechanisms the child adopts may initially be adaptive and be what enabled them to survive the abuse (Briere, 1992; Houg, 2008; Sanderson, 2006). However, as the

child ages, they may become maladaptive (Sanderson, 2006) in the context of interpersonal functioning. For example, Jill spoke about the difficulty she was experiencing in learning new patterns of responding to stress and anxiety; she explained that her reactions were so ingrained and automatic that she did not have to think about them or her reactions. In her case, her maladaptive coping mechanisms had become damaging not only to herself but also to her relationship with Cam. While this model does not speak to specific interpersonal functioning difficulties experienced by those couples impacted by CSA, it does provide a framework for understanding why these couples continue to experience difficulties and how the individually experienced sequelae have become problematic and impacted the intimate relationships of the participants.

Commitment

The literature, particularly literature employing qualitative inquiry, provides little discussion of the experience of CSA within intimate relationships from the perspective of both partners in a committed relationship. Throughout the interviews, the participants shared many stories of the struggles and pain they had experienced in their relationships. I was moved by the equal number of stories they shared regarding the commitment they had, not only to staying together but also to supporting each other and to healing. Similar to the men described earlier in a study by Bacon and Lein (1996), the support and commitment of the partners of those who had experienced CSA was clearly articulated. Bacon and Lein (1996) suggest that this commitment may be a powerful contributor to the healing process. Additional research has supported the theory that “strong interpersonal relationships mediate the impact of CSA (MacIntosh & Johnson, 2008, p. 301). For example, Whiffen, Judd, and Aube (1999) found that strong attachment in intimate relationships may protect survivors of CSA from experiencing depression.

Strengths of the Study

There are several strengths in this study. First, the study adds to the literature in an area that has been identified as lacking. Specifically, the literature has noted a dearth of studies exploring survivors’ intimate relationships, particularly the impact on the relationship from the perspective of both members of a partnership (DiLillo & Long, 1999; Houg, 2008; Wiersma, 2003). Partners of those who have a history of CSA have been found to experience trauma similar to the trauma experienced by survivors of CSA (Nelson & Wampler, 2000; Maltas & Shay, 1995). Including both partners is particularly important in light of the research that has

identified the partners' of CSA survivors as secondary survivors (DiLillo, 2001; Remer & Elliott, 1988; Wiersma, 2003).

A second strength is the use of IPA as an approach to explore the experiences of intimate partner relationships in which one or more members have experienced CSA. IPA allowed the in-depth exploration of the participant couples' perceptions of their experiences. The idiographic underpinnings of IPA require analysis on both an individual case level as well as a cross-case level. This involves finding patterns of similarities that emerge from all the participant couples' data while emphasizing each individual couple's experiences with the impact of CSA. When using IPA, a smaller sample size is recommended. This allows for the in-depth analysis required with this approach. Further, rather than ignore the researcher's previous experience with the phenomenon, it embraces subjectivity through the use of a double hermeneutic (Smith, 2003). Using IPA provided a rich description and interpretation of the participant couples' experiences with the impact of CSA on their relationships.

Lastly, the third strength of this research is the impact the research process has had on the participant couples. All couples expressed appreciation and pleasure in contributing to the study. One couple indicated it gave them hope knowing that they were not alone in what they were experiencing. Another couple shared that it had brought them closer together and that they learned things about each other throughout the process of participating in the interviews and reading the transcript. Their involvement in the research further enhanced their communication. During the interviews, the couples expressed hope that their stories would be beneficial to other couples who have experienced the impact of CSA on their relationships; they expressed a desire that their struggle not be in vain.

Limitations of the Study

This study has several limitations. First, given the sensitive nature of the research question and the inclusion criterion that required both partners in an intimate relationship be involved in the interviews, it was difficult to recruit participants for the study. The length of time required to recruit participants was longer than expected; it took nearly one year. Future studies examining the impact of CSA on intimate partner relationship involving both partners may benefit from extensive online advertising; two of the three couples responded to online advertisements. Also offering a small honorarium to help cover potential costs of childcare and transportation may enable couples to participate.

A second limitation is the possibility that including both partners in the interview may have impacted disclosure. For example, one partner may have been hesitant to disclose their feelings with regards to the impact of CSA on their relationship for fear of the potential impact it might have on the other. As a result, the impact of CSA on the couples' relationships may have been presented in a more positive light than it has actually been experienced.

Lastly, a third potential limitation is that variables other than a history of CSA may be the cause of the interpersonal difficulties experienced by the couples. For example, experiences in the participant couples' family of origin may have contributed to the couples' interpersonal difficulties. One participant briefly made reference to family members and friends having experienced abuse at residential schools. As a result, there may be some ethnic variables not explored throughout the research that may have had an influence on the interpersonal functioning of the couples.

Implications for Counselling Practice

Previous research has suggested the importance of including partners of those who have experienced CSA in the counselling process (Heberling, 2006; Hughes, 1994; Johnson & Williams-Keeler, 1998). Further, it has been suggested that leaving the partner out of the counselling process can result in feelings of being left out, hostility, and jealousy (Heberling, 2006; MacIntosh & Johnson, 2008; Wilson & James, 1992). The client's partner has been shown to be an effective ally in mediating the long-term effects associated with CSA (Bacon & Lein, 1996; Heberling, 2006; MacIntosh & Johnson, 2008; Whiffen, Judd, & Aube, 1999). Therefore, it follows that if the adverse impacts of CSA on the relationship were mediated by a growing perception of a securely attached relationship, then the impact of the CSA on the relationship would be lessened.

Heberling (2006) explored the relationships of individuals who had experienced CSA and their partners who experienced conjoint therapy in order to address CSA-related issues. The participants articulated that "without the conjoint component, the healing process is not complete" (Heberling, 2006, p. 162). Heberling (2006) suggests that by incorporating conjoint therapy, the intimate relationship serves as a healing resource in overcoming the long-term impacts associated with CSA. It was also suggested that not including their partners in the therapeutic process could have detrimental impacts on the relationship (Heberling, 2006). Further, the participants in Heberling's (2006) study expressed that including the partners can

encourage growth and empowerment in the partner in learning new ways of engaging with their partner who has experienced CSA. Lastly, Heberling (2006) suggested that “through conjoint treatment, couples can learn to define themselves as a team joined in the experience of recovery” (p. 162), resulting in a strengthening of the level of attachment experienced by those with a history of CSA.

Attachment theory offers an alternative theoretical conceptualization of the interpersonal difficulties experienced in intimate relationships in which one partner has experienced CSA (MacIntosh & Johnson, 2008). Chapter two noted an assumption in the literature regarding the strength of attachment in relationships among survivors of CSA. Previous findings suggest that adults in securely attached relationships report the following:

...more positive views of themselves and others, comfort with closeness, and lower anxiety about relationships. They describe themselves as being lovable and worthy of the care of others and felt that others would be there for them when they needed them to support and comfort them (MacIntosh & Johnson, 2008, p. 299 - 300; Simpson, 1990).

Further, it was found that those couples who perceived themselves to be securely attached were “characterized by higher levels of trust and commitment” (MacIntosh & Johnson, 2008, p. 300), as well as relational satisfaction (MacIntosh & Johnson, 2008; Simpson, 1990). Individuals with a history of CSA have been found to experience insecure attachment in their relationships (MacIntosh & Johnson, 2008; Styron & Janoff-Bulman, 1997; Whiffen, Judd, & Aube, 1999).

While it was beyond the scope of this study to explore the nature of attachment each of the participants experienced in childhood, it is interesting to note how the participants described themselves and each other. Consistent with a fearful/avoidant attachment style, those participants who had experienced CSA expressed feelings of low self-esteem and doubt about their self-worth, particularly Jill and Natalie. While not explicitly noted, it appeared that this may have been the case for Catelyn as well.

Including the partner of the individual who has experienced CSA in the therapeutic process can prove to be invaluable (Heberling, 2006; Hughes, 1994; Johnson & Williams-Keeler, 1998). Further, it has been suggested that strengthening one’s attachment style to the level of secure attachment can mediate some of the individual and relational impacts associated with CSA. Therefore, it is suggested that the therapeutic process should be based on “an awareness of

attachment - related processes in couple distress and in the couple therapy process” (MacIntosh & Johnson, 2008, p. 300). It is important to note that including the partner in the counselling process does not imply a replacement of individual therapy, as this can also be very instrumental in the healing process of those who have experienced CSA. Rather couples therapy is viewed as a valuable accompaniment.

While according to Cobia, Sobansky, and Ingram (2004) there is no ‘best-practice’ in working with couples in which one or more partners has experienced CSA, it is suggested that the method chosen be based on the needs of the couple. The following will briefly outline one approach that has been influenced by attachment theory.

Emotion focused therapy. Strongly influenced by attachment theory, emotion focused therapy (EFT) is a commonly used approach (Johnson, 2008; Johnson, 1989; Johnson & Williams-Keeler, 1998; MacIntosh & Johnson, 2008) when working with adult survivors of childhood trauma, such as CSA. EFT integrates experiential and systemic approaches (Johnson, 1989; Johnson & Williams-Keeler, 1998; MacIntosh & Johnson, 2008). The experiential component focuses on the continual construction of emotional experiences (Johnson, 2008). The systemic component emphasizes the interaction patterns constructed in intimate relationships (Johnson, 2008). This combination enables the therapist to focus on emotion and to facilitate the integration of individual counselling along with couples counselling (Johnson, 1989).

There are three main tasks when using EFT: 1) creating a safe, collaborative therapeutic alliance; 2) helping clients identify and express their emotional experiences; and, 3) helping clients restructure the interaction in their relationship (Johnson, 2008; for further reading see Johnson, 2002 and Johnson, 2008). The goal of the creation of new interactions in the relationship is to facilitate a more secure relationship with one’s partner (Johnson 2002). According to Johnson (2008) the efficacy of EFT has been empirically supported. First, EFT focuses on components that have been found to be instrumental in developing satisfying and distress-free couple relationships; second, EFT has strong ties to attachment theory which is an empirically supported “theory of adult love” (Johnson, 2008, p. 107). Further, empirically supported positive outcomes with regards to relational variables such as marital distress, forgiveness, trust, anxiety, and depression have been found with EFT. Lastly, there is evidence supporting the stability of the impact of EFT over time (Paivio & Nieuwenhuis, 2001). Despite

preliminary findings suggesting its efficacy, more research needs to be done in this area, particularly with those who have experienced CSA and their partners.

Future Research

The prevalence rates of those who have experienced CSA are high, particularly for women; for example, the World health Organization (Krug, 2002) found that one in three children is a victim of CSA. Further, it has been established that those who experience sexual abuse as children often experience distress within the context of intimate partner relationships. Research has only recently begun to examine the impact of CSA on intimate relationships from the perspectives of both partners. Also, given the benefits of including the partner in the therapeutic process, it is important to better understand how therapeutic techniques such as EFT can be used to facilitate the growth and healing in relationships where one or more partners have experienced CSA. Further, as a result of the current findings of *hope and healing*, and the longevity of the participants' relationships despite the stresses and hardship, it would be beneficial to examine the impact of sexual abuse on intimate relationships from a resiliency perspective and to explore what is different about those couples that stay together versus those whose relationships do not survive. Also, as a result of the impact that CSA can have on intimate partner relationships, it is recommended that the impact of CSA on other close relationship be explored. For example, the relationship between survivors and their children. The majority of research regarding the interpersonal functioning of survivors of CSA and their partners has either been quantitative in nature or has been done from the survivor's perspective. As a result, it is recommended that more qualitative research be done from the perspective of both partners to further explore the experienced impact of CSA on intimate partner relationships. It is also recommended that future research extend the sample of participants to include participants of more diverse ethnic backgrounds and sexual orientations.

Conclusion

It was difficult to find past research that was qualitative in nature and included both the individual who had experienced sexual abuse as a child and their partners. The majority of the previous research has focused on the perspective of those who have experienced CSA. The major contribution of this research is the inclusion of both the individual who had experienced abuse and his or her partner. It was necessary to involve the partner in the study as a result of the potential of the after-effects of the CSA to impact not only the CSA survivor but also their

relationship with their intimate partner. The participant couples provided rich, detailed data that illuminated the experiences of intimate relationships in which one or more partner(s) had experienced CSA. Consistent with previous findings, the couples experienced distress in the areas of intimacy (both sexual and emotional), trust, and relationship identity. However, it became apparent that the hope of healing sustained the participant couples through the difficult times.

Attempting to isolate the multiple impacts of CSA on each relationship was a difficult process. The couples also struggled with how to articulate the impact of CSA on their relationship without discussing the experienced impact for themselves as individuals. As such, a great deal of the findings are presented in a similar vein, addressing the impact on the individual. However, I think it is important to remember that the research on dyadic/couple relationships states that what happens to one partner frequently impacts the other partner. Therefore, in the case of sexual abuse, not only is the individual who experienced the CSA impacted, but also, the partner is often affected as well. The following was noted at the beginning of chapter one:

When one thinks about how a traumatic event impacts an individual and then begins to piece together the number of people with whom that one individual has personal contact (e.g., family and friends), the realization that a single event does not have a single victim becomes clear. The repercussions from trauma are infinite (Nelson & Wampler, 2002, p. 103).

This moved me deeply. Throughout the research process, I became more resolved that this is true. The impacts, the pain that the couples have experienced has been great; however, as Cam expressed, “if we can overcome this then there’s nothing, I mean what more what more could people throw at you, or life throw at you?” What has struck me most about this journey has been the incredible hope that these participants hold. These couples appear to all be at a different stage along a healing journey, a journey that does not appear to have a simple linear progression. Their journey has been motivated and characterized by hope; with every step they hold the hope that they will be moving closer to the healing they believe is possible.

References

- Alexander, P. C., Anderson, C. L., Brand, B., Schaeffer, C. M., Grelling, B. Z., & Kretz, L. (1998). Adult attachment and long-term effects in survivors of incest. *Child Abuse and Neglect*, 22, 45 – 61.
- Allan, G. (1980). A note on interviewing spouses together. *Journal of Marriage and Family*, 42(1), 205 - 210.
- Allen, J. G., Huntoon, J., Fultz, J., & Stein, H. (2001). A model for brief assessment of attachment and its application to women in inpatient treatment for trauma-related psychiatric disorders. *Journal of Personality Assessment*, 76(3), 421 – 447.
- American Psychiatric Association. (2001). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.
- Anastas, J. W. (2004). Quality in qualitative evaluation: Issues and possible answers. *Research on Social Work Practice*, 14(1), 57 - 65.
- Arskey, H. (1996). Collecting data through joint interviews. *Social Research Update*, 15, 1-4.
- Bacon, B., & Lein, L. (1996). Living with a female sexual abuse survivor: Male partners' perspectives. *Journal of Child Sexual Abuse*, 5(2), 1-16.
- Badgley, R. F. (1984). *Sexual offences against children: Report of the committee on sexual offences against children and youths*. Minister of Supply and Services Canada: Canadian Govt. Pub. Centre, Supply and Services Canada [distributor].
- Bass, E., & Davis, L. (1988). *Courage to heal: A guide for women survivors of child sexual abuse*. New York: Harper and Row.
- Becker, H., & Useem, R. H. (1942). Sociological analysis of the dyad. *American Sociological Review*, 7(1), 13 - 26.
- Berry, K. A. (2007). Exploring the experience of body self-compassion for young adult women who exercise. Unpublished master's thesis, University of Saskatchewan, Saskatoon, Saskatchewan, Canada.
- Brack, C., Brack, G., & Infante, K. (1995). Couples counselling with survivors of child and adolescent abuse. *The Family Journal: Counselling and Therapy for Couples and Families*, 3(4), pp. 306 – 315.

- Bramley, N. & Eatough, V. (2005). The experience of living with Parkinson's disease: An interpretative phenomenological analysis case study. *Psychology and Health, 20*(2): 223–235.
- Bratton, M. (1999). From surviving to thriving: A therapist's guide to stage II recovery for survivors of childhood abuse. New York: Haworth Press.
- Briere, J. (1989). *Therapy for adults molested as children: Beyond survival* (2nd ed.). New York: Springer Publishing Company.
- Briere, J. (1992). Child abuse trauma: Theory and treatment of the lasting effects. Thousand Oaks, CA: Sage Publications.
- Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In J. E. B. Myers, L. Berliner, J. Briere, C.T., Hendrix, T. Reid, & C. Jenny (Eds.), *The APSAC handbook on child maltreatment*, (2nd ed., pp. 1-26). Newbury Park, CA: Sage Publications.
- Briere, J., & Elliott, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect, 27*(10), 1205-1222.
- Browne, A. & Finkelhor, D. (1986a). Initial and long-term effects: A review of the research. In D. Finkelhor, S. Araji, L. Baron, A. Browne, S. D. Peters, & G. E. Wyatt (Eds.), *A sourcebook on child sexual abuse* (pp. 143-179). CA: Sage Publications.
- Browne, A., & Finkelhor, D. (1986b). Impact of child sexual abuse: A review of the research. *Psychology Bulletin: American Psychological Association, 99*(1), 66 - 77.
- Carter, J. C., Bewell, C., Blackmore, E., & Woodside, D. B. (2006). The impact of childhood sexual abuse in anorexia nervosa. *Child Abuse & Neglect, 30*(3), 257-269.
- Casey, E. A., & Nurius, P. S. (2006). Trends in the prevalence and characteristics of sexual violence: A cohort analysis. *Violence and Victims, 21*(5), 629-644.
- Castillo, D. D., & O'Dougherty-Wright, M. (2009). The perils and possibilities in disclosing childhood sexual abuse to a romantic partner. *Journal of Child Sexual Abuse, 18*, 386 – 404.
- Chauncey, S. (1994). Emotional concerns and treatment of male partners of female sexual abuse survivors. *Social Work, 39*(6), 669-676.

- Chu, J.A., Frey, L.M., Ganzel, B.L., & Matthews, J.A. (1999). Memories of childhood abuse: Dissociation, amnesia, and corroboration. *American Journal of Psychiatry* 156, 749 – 755.
- Cobia, D. C., Sobansky, R. R., & Ingram, M. (2004). Female survivors of childhood sexual abuse: implications for couples' therapists. *The Family Journal: Counseling and Therapy for Couples and Families*, 12(3), 312 – 318.
- Cohen, T. (2000). Child sexual abuse and adolescents. *International Journal of Child and Adolescent Medicine and Health*, 12, 103 – 113.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. Valle & M. King (Ed.), *Existential-Phenomenological Alternatives for Psychology* (pp. 48-71). New York: Oxford University Press.
- Cole, P. M., & Putnam F. W. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Consulting and Clinical Psychology*, 60(2), 174 – 184.
- Conte, J. (1985). The effects of sexual abuse on children: A critique and suggestions for future research. *Victimology*, 10, 110-130.
- Creswell, J.W. (1998). *Qualitative Inquiry and Research Design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Davis, J. L., & Petretic-Jackson, P. A. (2000). The impact of child sexual abuse on adult interpersonal functioning: A review and synthesis of the empirical literature. *Aggression and Violent Behavior*, 5(3), 291-328.
- DiLillo, D. (2001). Interpersonal functioning among women reporting a history of childhood sexual abuse: Empirical findings and methodological issues. *Clinical Psychology Review*, 21(4), 553-576.
- DiLillo, D., & Long, P. J. (1999). Perceptions of couple functioning among female survivors of child sexual abuse. *Journal of Child Sexual Abuse*, 7, 59-76.
- Draucker, C. B., & Martsolf, D. S. (2006). *Counselling survivors of childhood sexual abuse*. Thousand Oaks, CA: Sage Publications.
- Dyad. 2010. In *The World Reference Online Dictionary*. Retrieved December 13, 2010, from <http://dictionary.reference.com/browse/dyad>

- Elam, G. A., & Kleist, D. M. (1999). Research on the long-term effects of child abuse. *The Family Journal*, 7(2), 154 - 160.
- Esman, A. (1994). 'Sexual abuse' pathogenesis and enlightened scepticism. *The American Journal of Psychiatry*, 151(8), 1101 – 1103.
- Finkelhor, D. (1986). *A sourcebook on child sexual abuse*. Thousand Oaks, CA: Sage Publications.
- Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse and Neglect: The International Journal*, 18(5), 409-417.
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55(4), 530-541.
- Forbat, L., & Henderson, J. (2003). "Stuck in the middle with you": The ethics and process of qualitative research with two people in an intimate relationship. *Qualitative Health Research*, 13(10), 1453-1462.
- Friesen, M.D., Woodward, L.J., Horwood, L.J., & Fergusson, D.M. (2010). Childhood exposure to sexual abuse and partnership outcomes at age 30. *Psychological Medicine*, 40, 679–688.
- Godbout, N., Lussier, Y., & Sabourin, S. (2006). Early abuse experiences and subsequent gender differences in couple adjustment. *Violence and Victims*, 21(6), 744 – 760.
- Godbout, N., Sabourin, S., & Lussier, Y. (2009). Child sexual abuse and adult romantic adjustment. *Journal of Interpersonal Violence*, 24(4), 693 – 705.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). London: Sage.
- Haverkamp, B. E. (2005). Ethical perspectives on qualitative research in applied psychology. *Journal of Counseling Psychology*, 52(2), 146 - 155.
- Heberling, M. L. (2006). *A qualitative analysis of conjoint therapy with adult survivors of childhood sexual abuse and their partners*. Unpublished master's thesis, University of Akron, Akron, Ohio, United States of America.
- Herman, J. L. (1992). Trauma and recovery. New York: *Basic Books*, 264, 378-386.

- Houg, B.L. (2008). *The role of spirituality in the ongoing recovery process of female sexual abuse survivors*. Unpublished master's thesis, University of Minnesota, Minneapolis, Minnesota, United States of America.
- Hughes, M. M. (1994). Using the couple relationship to address childhood sexual abuse. *The Family Journal: Counseling and Therapy for Couples and Families*, 2, 114 – 121.
- Hunter, S. V. (2006). Understanding the complexity of child sexual abuse: A review of the literature with implications for family counseling. *The Family Journal*, 14(4), 349-358.
- Johnson, S. M. (1989). Integrating marital and individual therapy for incest survivors: A case study. *Psychotherapy*, 26(1), 96–103.
- Johnson, S. M. (2005). Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds. New York: Guilford Press.
- Johnson, S. M. (2008). Emotionally focused couples therapy. In A. S. Gurman (Ed.), *Clinical handbook of couple therapy* (pp. 107 – 137). New York: The Guilford Press.
- Johnson, S. M., & Williams-Keeler, L. (1998). Creating healing relationships for couples dealing with trauma: The use of emotionally focused marital therapy. *Journal of Marital and Family Therapy*, 24(1), 25-40.
- Kendler, K. S. Kuhn, J., & Prescott, C. (2004). Childhood sexual abuse, stressful life events and risk for major depression in women. *Psychological Medicine*, 34(8), 1475 - 1482.
- Krug, E., Dahlberg, L., Mercy, J., Zwi, A., & Lozano, R. (2002). World report on violence and health. Geneva: World Health Organization.
- Langdrige, D. (2007). *Phenomenological psychology: Theory, research and method*. Harlow, UK: Pearson Education.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3(2), 102 – 120.
- Levenkron, S., & Levenkron, A. (2007). *Stolen tomorrows: Understanding and treating women's childhood sexual abuse*. New York: Norton, W. W. & Company, Inc.
- Levinger, G., & Snoek, J. D. (1972). *Attraction in relationship: A new look at interpersonal attraction*. Morristown, N. J.: General Learning Press. (Copyright to authors in 1978.)
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Thousand Oaks, CA: Sage Publications Inc.

- Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. In D. Williams (Ed.), *Naturalistic Evaluation* (pp. 73 – 84). San Francisco, CA: Jossey-Bass.
- LoVerso, T. (2008). *The experiences of overcoming self-blame among female adult survivors of childhood sexual abuse*. Unpublished master's thesis, University of Alberta, Edmonton, Alberta, Canada.
- MacIntosh, H. B., & Johnson, S. (2008). Emotionally focused therapy for couples and childhood sexual abuse survivors. *Journal of Marital and Family Therapy*, 34(3), 298 - 315.
- Maltas, C. P. (1996). Reenactment and repair: Couples therapy with survivors of childhood sexual abuse. *Harvard Review of Psychiatry*, 3(6), 351-355.
- Maltas, C. P., & Shay, J. (1995). Trauma contagion in partners of survivors of childhood sexual abuse. *American Journal of Orthopsychiatric Association*, 65(4), 529-539.
- Merriam, S. B. (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco, CA: Jossey-Bass.
- Morris, S. M. (2001). Joint and individual interviewing in the context of cancer. *Qualitative Health Research*, 11(4), 553-567.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250 – 260.
- Morrow, S. L. (2007). Qualitative research in counseling psychology: Conceptual foundations. *The Counseling Psychologist*, 35(2), 209 - 234.
- Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1994). The effect of child sexual abuse on social, interpersonal, and sexual function in adult life. *British Journal of Psychiatry*, 165, 35 – 47.
- Morse, J. M., & Richards, L. (2008). *Read me first for a user's guide to qualitative methods* (2nd Ed.). Thousand Oaks, CA: Sage Publications.
- Nelson, B. S., & Wampler, K. S. (2000). Systemic effects of trauma in clinic couples: An exploratory study of secondary trauma resulting from childhood abuse. *Journal of Marital and Family Therapy*, 26(2), 171 - 184.
- Nelson, B. S., & Wampler, K. S. (2002). Further understanding the systemic effects of childhood sexual abuse: A comparison of two clinical couples. *Journal of Child Sexual Abuse*, 11(3), 85 – 106.

- Neumann, D. A., Houskamp, B. M., Pollock, V. E., & Briere, J. (1996). The long-term sequelae of childhood sexual abuse in women: A meta-analytic review. *Child Maltreatment, 1*(1), 6-16.
- Nkongho, N. (2006). Religious coping among sexually abused adolescent girls: A phenomenological investigation (Doctoral dissertation, Georgia State University, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, 67(5-B), 2841.
- Paivio, S. C., & Nieuwenhuis, J. A. (2001). Efficacy of emotion focused therapy for adult survivors of child abuse: A preliminary study. *Journal of Traumatic Stress, 14*(1), 115-133.
- Peleikis, D. E., Mykletun, A., & Dahl, A.A. (2005). Long-term social status and intimate relationship in women with childhood sexual abuse who got outpatient psychotherapy for anxiety disorder and depression. *Nordic Journal of Psychiatry, 59*(1), 31 – 38.
- Phillips, A., & Daniluk, J. C. (2004). Beyond" survivor": How childhood sexual abuse informs the identity of adult women at the end of the therapeutic process. *Journal of Counseling & Development, 82*(2), 177-184.
- Polyamory. In *The World Reference Online Dictionary*. Retrieved January 20, 2011, from <http://dictionary.reference.com/browse/polyamory>
- Polusny, M. A., & Follette, N.M. (1995). Long-term correlates of child sexual abuse: Theory and review of the empirical literature. *Applied and Preventive Psychology, 4*, 143-166.
- Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology, 52*(2), 137–145.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126-136.
- Psychological. 2010. In *World Reference Online Dictionary*. Retrieved November 28, 2010 from <http://www.wordreference.com/definition/psychological>
- Racher, F. E. (2003). Using conjoint interviews to research the lived experience of elderly rural couples. *Nurse Researcher, 10*(3), 60 – 71.
- Reid, K. S., Wampler, R. S., & Taylor, D. K. (1996). The "alienated" partner: Responses to traditional therapies for adult sex abuse survivors. *Journal of Marital and Family Therapy, 22*(4), 443 - 453.

- Remer, R., & Elliott, J. E. (1988). Management of secondary victims of sexual assault. *International Journal of Family Psychiatry*, 9(4), 389-401.
- Rhinas, J. D. (2006). *Resiliency in the Face of Interparental Violence: A Qualitative Investigation*. Unpublished master's thesis, University of Saskatchewan, Saskatoon, Saskatchewan, Canada.
- Richards, L., & Morse, J. M. (2007). *Readme first for a user's guide to qualitative methods*. Utah, USA: Sage Publications.
- Romans, S.E., Martin, J.L., Morris, E., & Herbison, G.P. (1999). Psychological defense styles in women who report childhood sexual abuse: A controlled community study. *American Journal of Psychiatry*, 156, 1080 - 1085.
- Rumstein-McKean, O., & Hunsley, J. (2001). Interpersonal and family functioning of female survivors of childhood sexual abuse. *Clinical Psychology Review*, 21(3), 471-490.
- Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science*, 8(3), 27 - 37.
- Sanderson, C. (2006). *Counselling adult survivors of child sexual abuse*. London, England: Jessica Kingsley Publishers.
- Sequelae. 2010. In *Merriam-Webster Online Dictionary*. Retrieved May 7, 2008, from <http://www.merriam-webster.com/dictionary/sequelae>.
- Simpson, J. (1990). The influence of attachment styles on romantic relationships. *Journal of Personality and Social Psychology*, 59, 971 – 980.
- Smith, J. A., (1995). *Semi-structured interviewing and qualitative analysis*. In J. A. Smith., R. Harre, & L. V. Langenhove, L. V.(Eds.), *Rethinking Methods in Psychology* (pp 9 – 26). Thousand Oaks: Sage Publications, Inc.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health*, 11(2), 261-271.
- Smith, J.A. (2003). *Qualitative Psychology: A Practical Guide to Research Methods*. Thousand Oaks: Sage Publications.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1, 39-54.

- Smith, J. A., Flowers, P. Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. Thousand Oaks, CA: Sage Publications.
- Smith, J. A., & Osborn, M. (2003). Interpretive phenomenological analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp 25-50). London: Sage Publications.
- Smith, J. A., & Osborn, M. (2004). Interpretive phenomenological analysis. In G. M. Breakwell (Ed.), *Doing Social Psychology Research* (pp 229-254). Oxford, United Kingdom: Wiley-Blackwell Publishing.
- Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J.A. Smith (Ed.) *Qualitative Psychology: A practical guide to research methods* (pp 53 – 80). London: Sage Publications.
- Statistics Canada. *The Daily*, March 9, 2005.
- Styron, T., & Janoff-Bulman, R. (1997). Childhood attachment and abuse: Long-term effects on adult attachment, depression, and conflict resolution. *Child Abuse and Neglect*, 21, 1015 – 1023.
- Teicher, M. (2002) Scars that Won't Heal. *The Neurobiology of Child Abuse. Scientific American*, 286(3), 54-61.
- Thompson, L., & Walker, A. J. (1982). The dyad as the unit of analysis: Conceptual and methodological issues. *Journal of Marriage and the Family*, 44(4), 889 – 900.
- Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, 48(4), 388 – 396.
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany, New York: State University of New York Press.
- Vanier Institute of the Family. (2010). *Families count: Profiling Canadian families IV*. Ottawa, Canada: Vanier Institute of the Family.
- Webster, R. E. (2001). Symptoms and long-term outcomes for children who have been sexually assaulted. *Psychology in the Schools*, 38(6), 533-547.
- Whiffen, V. E., & Oliver, L. E. (2004). The relationship between traumatic stress and marital intimacy. In D. Catherall (Ed.), *Handbook of stress, trauma and the family* (pp. 137-157). New York: CRC Press.

- Whiffen, V.E., Judd, M.E., & Aube, J.A. (1999). Intimate relationships moderate the association between childhood sexual abuse and depression. *Journal of Interpersonal Violence*, 14(9), 940 – 954.
- Whiffen, V. E., Thompson, J. M., & Aube, J. A. (2000). Mediators of the link between childhood sexual abuse and adult depressive symptoms. *Journal of Interpersonal Violence*, 15(10), 1100-1120.
- Whisman, M. A. (2006). Childhood trauma and marital outcomes in adulthood. *Personal Relationships*, 13, 375 – 386.
- Wiersma, N. S. (2003). Partner awareness regarding the adult sequelae of childhood sexual abuse for primary and secondary survivors. *Journal of Marital and Family Therapy*, 29(2), 151-164.
- Willows, J. (2008). Moving on after childhood sexual abuse: Understanding the effects of preparing for therapy. England: Routledge, Taylor and Francis Group.
- Wilson, K., & James, A. L. (1992). Child sexual abuse and couple therapy. *Sexual and Marital Therapy*, 7(2), 197 – 212.
- Yuan, N. P., Koss, M. P., & Stone, M. (2006). *Current trends in psychological assessment and treatment approaches for survivors of sexual trauma*. Arizona, USA: National Resource Centre on Domestic Violence. Retrieved July 23, 2009 from http://new.vawnet.org/Assoc_Files_VAWnet/AR_SVTreatment.pdf

APPENDIX A: INVITATION TO PARTICIPATE

Are you in an Intimate Relationship?

If you are a woman who has experienced sexual abuse and are currently involved in an intimate relationship, you and your partner are invited to participate in a research study entitled Primary and Secondary Survivors: The Impact of Child Sexual Abuse on Intimate Partner Relationships.

I am a University of Saskatchewan graduate student in the School and Counselling Psychology program, looking for participant couples that meet the following criteria:

- Have been involved in a heterosexual, cohabiting or marital relationship for a minimum of three years
- Have participated together in some form of counselling with a counsellor, psychologist or pastoral counsellor
- Not currently in a state of crisis
- Able to commit 2-3 hours of their time to participate in two joint interviews and to review the initial interview transcript after the initial interview

**If you are interested, please contact Angela Wiebe by email,
csastudy2009@gmail.com**

To thank you for your participation, each couple will receive a **\$50 honorarium** at the end of the second interview. This honorarium is to help cover any childcare and/or transportation costs you may have incurred as a result of your participation.

CSA & Relationships <u>csastudy2009@gmail.com</u>	CSA & Relationships <u>csastudy2009@gmail.com</u>	CSA & Relationships <u>csastudy2009@gmail.com</u>	CSA & Relationships <u>csastudy2009@gmail.com</u>	CSA & Relationships <u>csastudy2009@gmail.com</u>	CSA & Relationships <u>csastudy2009@gmail.com</u>	CSA & Relationships <u>csastudy2009@gmail.com</u>	CSA & Relationships <u>csastudy2009@gmail.com</u>	CSA & Relationships <u>csastudy2009@gmail.com</u>
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APPENDIX B: TELEPHONE SCREENING GUIDE

R: Thank you for expressing interest in the research study. I would just like to confirm that you meet the participation criteria for the study. First, I need to confirm that both you and your partner are willing to participate in the study and able to commit to two conjoint interviews that will last no longer than 1 to 1 ½ hours each?

R: Are you currently involved in an intimate, heterosexual marriage or cohabitating relationship?

R: If talking with the male partner: Did your spouse/ partner experience sexual abuse as a child?

If talking with the female partner: Did you experience sexual abuse as a child?

R: Have you discussed your abuse with your partner in the past?

R: Do you consider you and your partner to currently be in a period of emotional or relational crisis?

R: How long have you been in your relationship with your spouse/partner?

Probe (should the individual not clearly indicate this in their above response): Do you live together or are you legally married?

R: Lastly, have you and your spouse/partner accessed any form of counselling together with regards to the impact of child sexual abuse on our relationship?

R: Great, now that we covered the participation criteria, I would like to set up a time to meet with the two of you together and hear about your experiences.

APPENDIX C: INTERVIEW SCHEDULE

Questions and Probes

General question asked to all participant couples:

1. Please share with me your experience of how CSA has impacted your relationship.

Interview One - Guiding questions (used only if the participants have difficulty articulating their experiences):

1. How did hearing about your wife's (partner's) abuse impact you and your relationship?
 - a. Tell me about how your intimate partner's (partner's) reaction to your abuse impacted you?
2. I'm wondering if you could share with me how you feel the impact of CSA on your relationship has changed throughout your relationship?

Probe: Are there any significant life events that have triggered changes, difficulties in your marriage (relationship) that you might attribute to the impact of CSA.

Probe: For example, what changes, if any occurred after you were married/moved in together, during pregnancy, after you had children?

Probe: How has the experience of CSA impacted your sexual intimacy?

3. How have you made sense of these experiences and moved forward?

Probes that may be needed throughout the interview:

1. What was that like for you?
2. Can you tell me more about that?
3. Can you give me an example?
4. What do you mean?

Interview Two:

1. Have you had a chance to read over the copy of your transcript? Is there anything you would like to add, alter or delete from the transcript?
2. During today's interview I would like to discuss with you themes that have surfaced throughout our last interview. The following is a list of themes that have surfaced; do you feel these themes are reflective of your experiences together as a couple? If yes, how so? Is there anything you feel I have missed?



APPENDIX D: TRANSCRIPT RELEASE FORM

The Impact of Child Sexual Abuse on Intimate Partner Relationships

Transcript Release Form

I, _____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Angela J. Wiebe. I hereby authorize the release of this transcript to Angela J. Wiebe to be used in the manner described in the Consent Form. I have received a copy of this Transcript Release Form for my own records.

Name of Participant

Date

Signature of Participant

Signature of Researcher

APPENDIX E: APPLICATION FOR ETHICAL APPROVAL

1. **Name of researchers**

a) Stephanie Martin, (PhD), Assistant Professor, Department of Educational Psychology and Special Education

b) Angela Wiebe, (MEd Candidate), Department of Educational Psychology and Special Education

c) Anticipated start date of the research is September, 2009
Anticipated completion of the research is June, 2010

2. **Title of Study**

Primary and Secondary Survivors: The Impact of Child Sexual Abuse on Intimate Partner Relationships

3. **Abstract**

Research indicates when one partner is a CSA survivor, couple relationships experience communication and intimacy difficulties, as well as trust and control issues. Previous research has primarily focused on trauma experienced by the survivor, thus excluding the impact of CSA on the couple relationship and on the partners' of survivors. The majority of studies focusing on CSA or on interpersonal functioning examine the impact of CSA's from the female survivor's perspective; few give voice to the experiences of both partners in the relationship. Examining the impact of CSA on intimate relationships is important as it is inevitable that those in close relationship with the survivor will also experience the impact of the long-term sequelae associated with CSA. Due to the dearth of studies examining the impact of CSA on the relationship from both perspectives, the purpose of the proposed study is to illuminate the experienced impact of CSA within the context of an intimate relationship. Interpretative phenomenological analysis (IPA) will be used to explore the experiences of survivors and their partners. Consistent with IPA, joint interviews will be held with each couple and the data will be analysed thematically.

4. **Expertise**

As a School and Counselling Psychology graduate student in the department of Educational Psychology, I have completed coursework and will complete two practicum placements. My program combines research with practical knowledge and experience and will serve as a foundation from which my research will build. My supervisor, Dr. Stephanie Martin's background in counselling psychology, her practical experience with CSA survivors as well as her academic expertise in qualitative research methods will be helpful throughout my research. Further, Dr. Martin's experiences with secondary traumatic stress, healing through trauma as well as violence and abuse towards women will be a valuable resource for me. To reduce the risk of secondary traumatization, I will meet with a peer debriefing team on a regular basis; this team will provide a safe place for me to debrief and will provide accountability to ensure I am staying well throughout the research process.

5. **Funding**

The student researcher will provide the necessary funds required to conduct this research.

6. **Conflict of Interest**

There is no potential for a conflict of interest.

7. **Participants**

Approximately 3-5 couples in which the female partner identifies as a survivor of child sexual abuse and who have been involved in an intimate relationship for a minimum of 3 years will be invited to join the study. The researcher acknowledges both women and men are victims of child sexual abuse; however, as the large majority of victims are girls and for the purposes of this study, only couples in which the female partner is a survivor will be recruited.

The following criteria will be used by the researcher to judge eligibility for the study:

- a) The female partner must have experienced sexual abuse prior to the age of 16
- b) Be involved in a heterosexual, cohabitating or marital relationship for a minimum of three years
- c) Not currently be in a state of crisis
- d) Have participated together in some form of counselling with a counsellor, psychologist or pastoral counsellor
- e) Be able to commit 2-4 hours of their time to participate in two joint interviews and to review the transcript after the initial interview

It is required that the abuse be perpetrated prior to the age of 16 as the literature defines individuals below this age as children. For the purposes of this study the participants will be required to be involved in a heterosexual cohabitating or marital relationship; doing so will provide a base of homogeneity among participants which is consistent with the interpretative phenomenological analysis methodology. The impact of life events on the course of interpersonal functioning over time has been queried; it has been suggested that survivors engage in different patterns of interpersonal functioning across time. Events such as engaging in intimate relationships, marriage, and/or childbirth can cause memories to resurface and can be stressful time periods for survivors. Therefore, participants will have been required to have been involved in an intimate relationship for a minimum of three years. Allowing for a long-term relationship will provide insight on how couples have experienced life events during the course of CSA's impact on the relationship. It has been suggested that previous treatment history (e.g., counselling) may increase the likelihood of articulating the effects associated with CSA in an interview setting. Also requiring that the couples have engaged in previous counselling together will ensure the researcher is not the first individual with whom they have discussed the impact of the abuse. Therefore, only those couples reporting a history of some form of counselling either with a counsellor, psychologist or pastoral counsellor will be included in the study. Each participant couple will be given an honorarium of \$50 following the second interview in recognition of their time and to help cover the costs of childcare and or transportation they may have incurred as a result of their participation.

a) An 'Invitation to Participate' notice (See Appendix A) will be used to recruit participants and will be placed on campus at the University of Saskatchewan, Tamara's House and Christian Counselling Services. All notice locations were in Saskatoon, Saskatchewan and Calgary, Alberta. The poster will include the purpose of the study, inclusion requirements, and researcher's contact information. Participants will be able to reach the researcher by email. Potential participants will be screened via telephone in order to determine whether or not they meet the participation criteria (See Appendix B). All calls will be made from Family Service Saskatoon (permission has been obtained). Key to this research is the contribution of both partners in an intimate relationship. It is likely that only one partner will contact me to express their interest in the study. Therefore, prior to the initial interview I will confirm with both partners their mutual interest in participating before discussing and obtaining informed consent.

8. Consent

Informed consent will be obtained with a written consent form (See Appendix C), introduced at the beginning of the first interview. Each partner will be requested to sign a separate consent form indicating their individual consent. To ensure that one partner is not coercing the other to participate in the study, each partner will be requested to sign the consent form without the presence of their partner. The form clearly outlines the details of the research project, and participant rights and obligations. Signing the form will signify the participants' understanding of these rights and obligations, and will be accepted as consent to participate. Participants will receive a copy of the consent form for their records. At this time they will be verbally reminded of their right to withdraw at anytime. Further, they will be informed that at any point in the study, should one partner decide they wish to withdraw they may do so and their data will be destroyed. The withdrawal of one partner will result in the withdrawal of both partners and their data will be destroyed.

9. Methods/Procedures

Data generation will take place in the format of open interviews with each individual participant couple. Each interview will last approximately 60-120 minutes and will be audio-recorded and transcribed verbatim. During the first interview, the participants will each be given a demographic questionnaire to fill out. The answers to these questions will be used to contextualize the data (See Appendix D). Should the participants encounter difficulty in articulating their experiences, an interview guide/schedule may be used to facilitate the interview (See Appendix E). Following the initial interviews, the participant couples will be given copies of the transcripts and ask to confirm that the transcript accurately reflects what they said or meant to say.

A second interview will be scheduled during which the researcher will present the participants with the overall themes derived from the data and the interpretations of the meanings made by all participants in the study. The participants will be asked to confirm the accuracy of the findings and whether or not they resonate with and are reflective of their individual experiences. During the second interview, the researcher will confirm with the participants that they have had an opportunity to review the transcripts.

Participants will be provided with the opportunity to modify the transcript in a way that better reflects their experience. At this time they will be invited to sign a transcript release indicating consent for their data to be used in the manner(s) outlined in the transcript release form (See Appendix F). All interviews will take place at Family Service Saskatoon.

10. Storage of Data

At the end of the research project, the results and associated material such as audio recordings and transcripts will be securely stored on campus at the University of Saskatchewan by Dr. Stephanie Martin for a minimum of five years. To protect the anonymity of the participants, the signed consent forms and the master list of participants will be stored in a separate location from the data records. When the data collection is complete, the master list will no longer be required and will be destroyed. When the remainder of the data is no longer required, it will be appropriately destroyed.

11. Dissemination of Results

Data collected will be used for a Master's thesis in partial fulfillment for the requirements for a Master's of Education degree in the Department of Educational Psychology and Special Education at the University of Saskatchewan. Pending the outcome, data may be used for publication in a scholarly journal article and/or presented at conferences. Should the participants desire a copy of the results, they will be invited to contact either the researcher or supervisor.

12. Risk, Benefits, and Deception

There is no deception involved in this study. Child sexual abuse is a sensitive topic and as a result, some potential risks may arise such as feelings of discomfort or anxiety both during and beyond the interview process. Participants will be clearly informed that their participation is voluntary and that they may withdraw from the study at anytime. Further, the participants have the right to determine what is discussed in the interviews and may refuse to answer any questions and have right to turn off the audio recorder at any time. Should the participants experience anxiety or discomfort and wish to terminate the interview, they may do so at any time. A list of resources will be provided to them in the consent form including Family Service Saskatoon, Saskatoon Christian Counselling, and Saskatoon Adult Community Services. The referral list will be discussed during the informed consent process as well as at the end of each interview.

13. Safety

The interviews will be held at Family Service Saskatoon (permission has been obtained) in order to ensure the researcher is not interviewing participants at an isolated location. In the event of confrontation or conflict, the interview will be stopped and the participants will be queried as to whether or not they wish to proceed. They will be assured that there are no consequences for ending the interview and withdrawing from the study. Should angry or violent conflict erupt, the interview will be stopped immediately and the police called. Any data gathered will be destroyed. All participant couples will receive a list of counselling referrals.

14. Confidentiality

Prior to the interviews, each participant couple will be assigned pseudonyms; only the researcher will know the actual identity of the participants. The pseudonyms will be used in the transcripts, in the thesis and any additional publications. When reporting the findings, quotations may be used. However, no identifying information will be included. As the participants will be given copies of their transcripts to review, they will have the opportunity to exclude any of their statements during the second interview.

14. Data/Transcript Release

Following the interview, each participant couple will be given the opportunity to review their transcripts and be asked to sign a Data/Transcript Release Form (See Appendix F). In signing this document, the participants will acknowledge the transcript accurately reflects what they said or intended to say and will authorize the use of the transcripts in the thesis and in any future scholarly papers that may result. Should the participants not sign the data/transcript release form, their data will be destroyed. Should one partner be willing to sign the transcript release form and the other partner not be willing the participants will be thanked for their participation and their data will be destroyed.

15. Debriefing and feedback

At the close of the study, participants will be thanked for their involvement and given the opportunity to ask any questions they might have. Should they desire a copy of the completed study, they will be provided with the researchers contact information.

16. Signatures

Angela J. Wiebe

Dr. Stephanie Martin, Supervisor

Dr. David Mykota, Department Head

17. Contact Information

Angela Joy Wiebe
805 Temperance St
Saskatoon SK S7N 0M8
csastudy2009@gmail.com

Dr. Stephanie Martin
Department of Educational
Psychology & Special Education
University of Saskatchewan
(306) 966-5259
Stephanie.Martin@usask.ca

APPENDIX F: ETHICAL APPROVAL



UNIVERSITY OF
SASKATCHEWAN

Behavioural Research Ethics Board (Beh-REB)

Certificate of Approval

PRINCIPAL INVESTIGATOR
Stephanie L. Martin

DEPARTMENT
Educational Psychology and Special Education

BRH#
09-208

INSTITUTION(S) WHERE RESEARCH WILL BE CONDUCTED
University of Saskatchewan

STUDENT RESEARCHERS
Angela Wiebe

SPONSOR
UNFUNDED

TITLE
Primary and Secondary Survivors: The Impact of Child Sexual Abuse on Intimate Partner Relationships

ORIGINAL REVIEW DATE 01-Oct-2009	APPROVAL ON 22-Oct-2009	APPROVAL OF: Ethics Application Consent Protocol	EXPIRY DATE 21-Oct-2010
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Full Board Meeting ☒

Date of Full Board Meeting: 01-Oct-2009

Delegated Review ☐

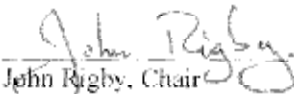
CERTIFICATION

The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: http://www.usask.ca/research/ethics_review/


John Rigby, Chair
University of Saskatchewan
Behavioural Research Ethics Board

Please send all correspondence to

Research Ethics Office
University of Saskatchewan
Box 5006 RPO University, 1567-110 Gymnasium Place
Saskatoon SK S7N 4J8

APPENDIX G: INFORMED CONSENT FORM

You are invited to participate in a research study entitled *Primary and Secondary Survivors: The Impact of Child Sexual Abuse on Intimate Partner Relationships*. Please read this form carefully, and feel free to ask any questions you might have about the study.

Researcher: Angela Joy Wiebe, M.Ed Candidate, Department of Educational Psychology and Special Education (Email: csastudy@gmail.com)

Supervisor: Dr. Stephanie Martin, Department of Educational Psychology and Special Education (Email: Stephanie.Martin@usask.ca; Phone: 306. 966.5259)

Purpose and Procedure: The purpose of this study is to understand the experience of intimate relationships in which the female partner has experienced sexual abuse as a child. Emphasis will be placed on how your experience of sexual abuse has impacted your relationship and as a result, both members of the relationship are asked to participate in the study. I am asking you to take part in two audio recorded interviews that will be approximately 60 to 120 minutes each. The interviews would take place over a one to two month time period.

The structure of the **first** interview will be open-ended; meaning, I will not have a detailed list of questions for you to answer. Rather, I would like you to talk openly about the experience of child sexual abuse within the context of your relationship. I am not looking for a detailed account of your abuse. Rather, I would like for both of you to discuss how you feel the sexual abuse has impacted you together as a couple; how it has influenced your relationship. I realize that you each may have experienced its impact differently and that this in turn may have impacted your relationship. Please know it is okay for you to have differing opinions.

During the **second** interview I will present you with the themes that have surfaced throughout the study. The purpose of this second interview is to confirm with you the accuracy of my interpretation and its relevance to your relationship.

The interviews will take place at your convenience and will be held at the offices of Family Service Saskatoon. With your permission, the interviews will be audio-recorded and will then be transcribed. You will be mailed a copy of the transcript of the initial interview and given the opportunity to review the transcript of your interview, and to add, alter, or delete information from the transcript as you see fit prior to the second interview.

Potential Benefits: Talking about the impact of child sexual abuse and how you have experienced it in your relationship may be beneficial for you both and may cause you to gain a more in-depth understanding of your experience. In addition, participating in this study will help provide understanding of the extent of the impact of child sexual abuse on intimate relationships later in life and help inform those in the helping profession who work with couples in similar situations.

Potential Risks: Risks associated with this study are minimal. However, you may experience some discomfort discussing how your experiences of how child sexual abuse has impacted your intimate partner relationship. In addition, it may also cause negative memories to surface. You have the right to determine what we discuss and may refuse to answer any question. Further, should you wish, you have the right to request we turn off the audio recorder at any time. If your discomfort increases during the interview, you have the right to end the session. Should you experience discomfort as a result of the interview, attached to this form is a list of counsellors

that you may contact to further discuss the emotional discomfort that has arisen. If you have questions regarding these agencies, I would be happy to provide with any information you may need.

Confidentiality: To ensure your privacy, the audio recordings will be kept completely confidential and personally identifying information will be removed when reporting your data. Although I may report direct quotations from the interview, you will be given a pseudonym, and all identifying information will be removed from my report.

Storage of Data: At the end of the research project, the results and associated material such as audio recordings and transcripts will be safeguarded and securely stored on campus at the University of Saskatchewan by my supervisor, Dr. Stephanie Martin, for a minimum of five years. To protect your anonymity your signed consent forms will be stored in a separate location from the data records. When the data is no longer required, it will be appropriately destroyed.

Dissemination: The data from this research project will be used for the purposes of my thesis. The findings may be published and may be presented at conferences; however, your identity will be kept completely confidential.

Right to withdraw: Your participation is voluntary and you may withdraw from the study for any reason, at any time, without penalty of any kind. If you withdraw from the study, any data that you have contributed will be destroyed. You do not have to answer questions with which you are not comfortable. If one partner wishes to withdraw from the study he or she may do so at anytime without penalty. When one partner withdraws, it is necessary that both partners withdraw. Any data that you both have contributed up to this point will be destroyed.

Questions: If you have any questions concerning the study, please feel free to ask at any point. You are also free to contact the researcher at the email provided above if you have questions at a later time. The proposed research was reviewed and approved on ethical grounds by the University of Saskatchewan Research Ethics Committee on October 22, 2009. Any questions regarding your rights as a participant may be addressed to the Behavioural Research Ethics Board through the Ethics Office (966-2084). Out of town participants may call collect. You may obtain a copy of the results of the study by contacting myself by email at csastudy2009@gmail.com or by calling my thesis supervisor, Dr. Stephanie Martin at 966-5259.

Consent to Participate: I have read and understand the description of the research study provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I agree to participate in the study described above, understanding that I may withdraw my consent to participate at any time. A copy of this consent form has been given to me for my records.

(Signature of Participant)

(Date)

(Signature of Researcher)

(Date)



APPENDIX H: COUNSELLING SERVICES

The Impact of Child Sexual Abuse on Intimate Partner Relationships

Counselling Services

Should you experience any emotional anxiety or distress as a result of our interviews, below is a list of counsellors in Saskatoon.

Saskatoon Family Service

506 25th Street East

Saskatoon SK S7K 4A7

Phone: (306) 244-0127

Website: www.familyservice.sk.ca

Fee: sliding scale (dependent upon income)

Saskatoon Christian Counselling

617 3rd Ave. N.

Saskatoon SK S7K 2J8

Phone: (306) 244-9890

Website: <http://www.saskatoonchristiancounsellingservices.com>

Fee: \$90/hour; however subsidy may be available

Adult Community Services

4th Floor

715 Queen Street

Saskatoon SK S7K 4X4

Phone: (306) 655-7950

Website: http://www.saskatoonhealthregion.ca/your_health/ps_mh_adult_community.htm

Fee: No charge